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[NO. 1.

## ON A MODE OF REMOVING TUMORS GROWING WITHIN THE MOUTH, ATTACHED TO THE BONES.

BY MR. WARDROP.

THERE are several distinct species of tumors, or polypi, which grow within the mouth, but the following observations apply only to those excrescences which either originate in, or are intimately connected with, the bones.

The tumors to which I allude are most commonly met with on the upper or lower jaw, at the base of the alveolar processes. They appear to be composed, externally, of several rounded masses, of a dark purple color, possessing a more or less soft, elastic feel ; and adhering immovably, by a broad base, to the subjacent bone. Tumors of this description also grow from the antrum and other cavities of the nose ; and, if allowed to increase, sometimes attain an enormous bulk, and ultimately destroy life.

The modes which have been usually resorted to for removing such tumors are, *extirpation with the knife*, and the *actual cautery*.

In those cases where I have employed these means, failure has generally resulted ; and I have often witnessed very cruel and severe operations fruitlessly resorted to, when thus attempting to remove large tumors of this description. The history of the two following cases points out not only an effectual, and easily manageable, but a much less formidable, mode of eradicating such tumors.

CASE I.—A youth applied to me on account of a tumor situated on the lower jaw, which had displaced, and occupied the situation of, two of the incisors and canine teeth, and extended to the first molares of the left side of the lower jaw. It had a nobby surface, was of a dark purple color, and adhered firmly to the alveoli by an extended base.

I removed this excrescence, and cut it away closely to the bone. Soon afterwards it grew again ; when, besides removing the fleshy mass, a portion of the subjacent bone was taken away with a trephine. The tumor grew a third time ; and dreading its progressive increase, I contemplated, as the most certain means of curing this disease, the removal of a considerable portion of the jaw.

Mr. George Young was consulted on this point. He related to me an instance of a large tumor of the same description growing from the antrum, which, after having been unsuccessfully removed with the knife, he completely eradicated by producing an exfoliation of the bone from whence it grew, by the repeated application of *kali purum*. This rational practice and Mr. Young's ingenious mode of managing it, were

immediately adopted in the case of the present youth, and with the most perfect success.

After dissecting away the tumor, the kali was rubbed over the raw surface of the base. The adjacent sound parts being carefully protected with dossils of lint, the kali was repeatedly applied to the surface, which was again and again cleared by rubbing off the dead portions after each application of the kali. This process, which occupied a considerable time, was daily repeated. Finally, the bone was laid completely bare, and in a few weeks a bone exfoliated, consisting of a thin lamella of considerable breadth.

The vacuity which remained, and which was large, from three of the teeth having been removed, rapidly granulated and cicatrized, and when I saw this patient a few years afterwards, I was astonished to find that the contiguous teeth had coalesced, filling up the deficiency in the jaw in a most extraordinary manner.

CASE II.—A gentleman, forty-five years of age, had a tumor of the upper maxilla, which completely filled up the space between the four incisors and lip, and was so large as to elevate the lip and deform the countenance. It was of a dark purple color, had a firm fleshy feel, and adhered inmoveably by a broad base to the subjacent bone.

I dissected back the lip, to expose the whole tumor, and then removed all that portion which the knife could reach, and afterwards freely rubbed the *kali purum* on the raw surface. The application of the kali was repeated every day for some time, and subsequently every other day. Ultimately the alveolar processes were completely exposed, and exfoliating portions of the thin external laminæ daily separated, so that in a few weeks the whole dead bone had exfoliated, and the surface which it exposed was afterwards speedily covered with granulations, which cicatrized, and left little deformity.

*Remarks.*—These cases will suffice to show the advantages to be derived from this mode of treatment, for it is evident that by the knife alone it is impossible to destroy such tumors, as they grow in situations where it is often not practicable to saw off, or otherwise remove, the diseased portions of the bone from which they grow. Nor can the actual cautery answer the intended purpose, unless by such frequent repetitions of a painful operation as few would allow.

The common lunar caustic is quite useless in such cases ; as the length of time occupied by the formation and separation of an eschar renders it too inert a remedy, the growth of the tumor being more rapid than the destruction effected by the caustic ; whereas the kali purum possesses all the advantages of the actual cautery in the rapidity of its action, and of the lunar caustic in the nicety of its application. The kali destroys the life even of skin, almost as quickly as the cautery, so that slough after slough may be produced, and a large portion of the diseased growth thus daily destroyed. Besides, it has the advantage of being applied with great precision to any particular part, by which only the diseased portion is destroyed, and the necessary quantity of bone denuded. With regard to the pain produced, this mode is decidedly preferable. The application of the kali on the tumor produces but slight uneasiness, and I have

been surprised how little a patient complains unless it touch the sound and healthy parts.

I think it also extremely probable that this practice may be beneficially adopted for the removal of tumors in other parts of the body, which are attached to bones, or for the removal of diseased bones themselves.

CASE III.—A lady had for many years a small abscess on the heel, at the bottom of which Mr. Young could feel, with a probe, a piece of carious bone. In place of resorting to a severe operation with the knife, he enlarged the sinus with the kali, and then applied it to the carious portion of the os calcis, which soon exfoliated, and the patient completely recovered.—*Lancet*.

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### REMARKS ON CASES OF RETAINED PLACENTA.

BY T. I. CHARLTON, M.D. OF BRYAN CO., GEORGIA.

IN the southern States, parturition is generally an easy and safe process ; deformity of the pelvis is a rare occurrence, and rigidity of the soft parts, so frequently retarding and rendering labor hazardous in the north, is here not often met with, or easily remediable. I do not think I am hazarding anything in asserting, that at least one-half of the fatal terminations of the cases of parturient women are attributable to the placenta, either to its partial separation, and the consequent hæmorrhage, or to its retention in the uterus for a length of time beyond the proper period for its expulsion, and to the state of extreme prostration and fever resembling typhus which follows. This last occurrence (the subject of this paper), is infinitely rarer than the first or hæmorrhage, and can only be accounted for by the most culpable negligence in permitting the retention to exist so long ; or by the unusual circumstance of a portion of the placenta being scirrhus and firmly attached to the womb. Having met with cases of this kind, in which the retention had existed from three to six days before I saw them, and having had to treat them more from inference and analogy than from any specific method I could find in books, I have thought it might not be altogether useless to give the history of the cases and the mode of treatment adopted.

Jeanette, a colored woman, had miscarried four days before I saw her ; the child was of the seventh month, and had died within an hour after birth ; the midwife had attempted to bring down the placenta by pulling at the cord, which she ruptured ; she had also made frequent attempts to detach it from the womb, but said she had found it impossible to accomplish this, the adhesion being so firm as to render it probable that a persistence in the attempt would have inverted the uterus. There had been but little flooding, and the womb had contracted (according to her statement) around the after-birth, but not sufficiently so as to make this a cause of retention.

On the fifth day I saw her ; her pulse was 120 ; she had great heat, oppression, headache, coma, and in fine, all the symptoms which characterize typhous fever, so called ; the fetor from copious discharges of a green water from the uterus was very great ; the tenderness of the soft

parts made an examination very painful ; on making it, I found a portion of the placenta attached to the fundus uteri, which I brought away ; it was highly offensive, and more than ordinarily compact in structure ; the other contents of the womb were a semifluid substance, which was no doubt the remaining placenta in a putrescent condition ; I brought away a part of this, but as the effort was attended with great agony from the inflamed state of the vagina and uterus, I did not think that a persistence in the attempt to bring away all the contents of the womb would be advisable. I had in Dewees's *Midwifery* met with descriptions of such cases, in which he says that the prognosis is very unfavorable, but recommends as a palliative for the local symptoms the use of injections of chamomile tea, with a little quicklime slacked in it. I was led, by seeing the powerful antiseptic effects of the chloride of lime in other diseases, to infer that it might be useful in this instance. I accordingly directed an injection of a weak solution of it to be thrown into the vagina every hour, at the same time small doses of the acetate of ammonia were given every hour, and the free use of gum water and lemonade directed. I did not employ the bark, wine, or any other stimulant or tonic commonly recommended in similar cases, for the reason that I had never seen typhous fever benefited by these remedies, and the constitutional affection in this instance I deemed to be exactly the same with that which is usually called typhus, that is, a gastritis either primarily occurring, or superinduced. In this case the inflammation of the organs of generation, the pain, the mental excitement, were amply sufficient to have produced a sympathetic gastritis. I am borne out in this supposition by the following proposition of Broussais. "Intense irritations of all organs are constantly transmitted to the stomach from their very commencement. If the irritation received by the stomach attains to the degree of inflammation, symptoms of gastritis appear, and as the brain is always then more irritated, it develops in a higher degree the sympathies which are proper to it, and may even become inflamed."

In this case there were all the symptoms that occur in primary gastritis—the dark tongue, the muscular debility, the depression, the coma, were all present. I treated it as a gastritis—I withheld all stimulants, except the acetate of ammonia, which is the most transient one, and which I have found to be the only one I could safely use in cases of united inflammation and debility : I gave demulcent and acidulated drinks plentifully, and blistered the extremities. The chlorine injection, by correcting the fœtor, rendered the patient's situation much more comfortable ; the fever also diminished considerably in twenty-four hours after the adoption of the constitutional remedies ; the pulse became fuller and slower ; the coma disappeared, and in fine, all the symptoms I attributed to the gastritis yielded to the remedies administered for that disease. The soreness of the vagina, &c. was relieved by mucilaginous injections ; the discharges from the uterus continued for about a week, at the end of which time all its contents had been discharged, and the lochia were not immoderate.

In a similar case of a young married woman, where the local and general symptoms were even more aggravated by a retention of a week's duration, the same plan of treatment succeeded.

At the time when these cases occurred, I had not read Broussais's Pathology, in which the above quoted proposition is contained, id est, that irritation of any other organ can produce gastritis ; but I was familiar with his other works, and was accustomed in the treatment of all diseases to watch for the symptoms of gastric irritation, and to present further indications, for although not as yet well knowing how these symptoms had been brought on, still I had observed that there were few diseases in which they did not appear first or last, and I had always found that the disease was diminished or aggravated in proportion to their intensity.

*American Journal of the Medical Sciences.*

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#### APOPLEXY FROM EXCESSIVE REPLETION OF THE STOMACH.

BY E. GEDDINGS, M.D.

A COLORED woman, aged about 50, somewhat corpulent, and the mother of several children, after a hearty meal of animal food, peas and rice, tumbled down in a state of insensibility, and immediately expired. I was requested by a medical friend, who had been called to see the case, to make a post-mortem examination. As soon as the cranium was opened, a considerable collection of blood was discovered about the base of the brain, much of which was still in a fluid condition. When the organ was removed from its cavity, a large coagulum was found occupying the fissure of Sylvius, and extending for some distance into the corpus striatum. There was likewise considerable extravasation within the corresponding lateral ventricle. The arteries of the brain were rigid, much dilated, and studded over with numerous points of ossification. The extravasation had taken place in consequence of a rupture of their tunics.

We next proceeded to examine the stomach ; and here we had fully revealed the source of the mischief inflicted upon the brain. This organ was impacted with peas, rice, hominy, and other articles of the individual's repast, to a degree to which it would scarcely be possible to believe could be borne without extreme suffering, and an extensive embarrassment of the functions of the whole of the associated organs. Its condition was such as to encroach upon the intestines, compress the aorta, and the vessels given off by it in the epigastric region, press upon the plexus of nerves behind the stomach, and finally force up the diaphragm upon the lungs, so as to interrupt their play, and thus embarrass the function of respiration, thereby interrupting the passage of the blood through them, and consequently impeding its return from the head. Being thus confined on the one hand to the vessels of the brain, by these causes, and driven upon it, on the other, by the pressure sustained by the aorta, which prevented the distribution of the usual quantity of blood to the lower part of the body, it is not to be wondered, when the fragile state of the tunics of the cerebral arteries is considered, that they should have been unable to sustain the onus suddenly thrown upon them, and that they gave way under its influence.—*North American Archives.*

## CONSUMPTION.

[Communicated for the Boston Medical and Surgical Journal.]

PERHAPS there is no disease, if we take into consideration the frequency of its mortality, the extensiveness of its ravages, and its peculiar disposition to fix upon the fairest and most amiable of mankind, which ought to engage the attention and draw forth the energies of the physician to so great a degree as CONSUMPTION ; and should any suggestion be offered to limit its destructiveness, it ought to be received by the *medical public* with some attention, even if it wears the garb of homeliness. The pen of the critic, in such cases, ought to be curbed by the consideration that most of our useful remedies were first recommended by the ignorant quack, or discovered by the unlettered savage. But when we find that *nature* sometimes effects, what science or skill has failed to accomplish, any explanation regarding her method of cure, or attempt to base a treatment on the principles which she follows in similar cases, deserves our serious attention.

A knowledge of the peculiar texture of the lungs ; the activity of their organic, as well as their *functional circulation* ; and the constancy, as well as the extensiveness of their motions, will make it obvious why diseases of the lungs are more difficult to cure than diseases of most other organs—and could we remove or change for a term those obstacles to the treatment, we should at least reduce the mortality from a certainty, to that of a probability. The lungs may be considered as bundles of vessels united loosely together with cellular tissue ; and those acquainted with ulceration on the external parts of the body, know that its progress is generally in proportion to the *laxity* of the part affected—and the benefit arising from bandages, is principally derived from the artificial firmness which they maintain. But as the expansions of the lungs tend to enlarge their cellular structure, it is not surprising that ulceration, once commenced, should so often continue until vitality ceases ; and that although our most sanguine expectations have been flattered by the high recommendations of pretended specifics, yet to this day the efforts of the profession to erase consumption from the long catalogue of the opprobria medicorum, have been unsuccessful.

Rest will be allowed to be one of our best remedial measures, and always indispensable when reunion of a part is to be effected. Who would think of curing laryngitis, if the patient continually spoke or sung ? or inflammation of the stomach, if gluttony was persisted in ? But in these, as well as in almost all internal organic diseases, *nature* endeavors to enable the organ diseased to remain at rest, by suspending for a time its function, or establishing by some other organ a vicarious action. But the lungs have no substitute, neither can their function be suspended even for a few minutes without producing death, as we see in cases of strangulation. However, the lungs are a double organ, each being capable of performing its function independently of the other. This assumption will be supported by the observations of those who frequent dissecting rooms, or by the respectable accounts which reach us through



the different periodicals, and indeed may be often witnessed among the cases that occur in a moderate field of practice.

If the preceding observations and deductions are correct, will we not be justified to suspend the action of a diseased lung, by puncturing the chest, under the following restrictions :—When the disease is confined to one lung ; when *pleuritis* is not present ; when there is still remaining *stamina* sufficient to enable the system to recover.

There is a risk attending the administration of our best remedies, that a new disease may be produced by their operation. This is so generally and necessarily true, that the *practice of medicine might be defined to be the art of substituting one disease for another*. Therefore the puncturing of the chest, and the exposure of the pleura to the air, would not be greater than what we frequently feel justified to subject our patients to, in the treatment of many diseases. We should undoubtedly meet with opposition from public prejudices, in employing this remedial measure in time to insure success ; but if once practised successfully, in one or two instances, by those whose reputation is above the reach of public prejudice, it would unquestionably become popular ; and here allow me to remark, that the profession has a right, and ought to expect, that those who are thus situated will use their best endeavors to introduce into practice any plausible principle of treatment, even if it be not suggested by themselves.

Another great difficulty would be to determine when the disease was only confined to one lung ; but if the excellent diagnostic principles of Laennec be studied, and deliberately followed, there would be as few mistakes as generally occur in determining the seats of diseases.

These reflections originated in the writer's mind two years ago ; and have been lately revived by seeing a young girl in perfect health, who was at that time his patient, and the outlines of whose case he will now endeavor to relate.

Miss Olive Tucker, aged about 9 years, was attacked with inflammation of the lungs, during the autumn of 1832. After having been treated by the usual depleting, antimonial and counter-irritating remedies, the acute symptoms subsided, but the cough, with some febrile excitement, continued, for which a great variety of remedies were prescribed ; and although they produced temporary benefit, yet symptoms of confirmed phthisis became established—such as dyspnoea, expectoration of pus, night sweats, a frequent and small pulse, and hectic exacerbations of fever. About four months after these symptoms began to appear, a swelling was noticed near the upper part of the sternum, between the first and second rib, on the left side, which gradually increased, and at the expiration of a month from its first appearance an evident fluctuation was felt. As the swelling increased in size, the breathing became more laborious, so that frequently the child's life was in danger from suffocation. The operation for empyema was frequently recommended, but was opposed by the fears and tenderness of the mother, on account of the temporary relief which was only expected to result from it. But as the danger from suffocation became more urgent, her consent was granted ; and there immediately followed the lancet a stream of pus *mixed with air*. Immediate relief was obtained, and eight days after the operation the dis-

charge ceased, although the *incision remained open* ; and by frequent examinations by *auscultation*, it was found that the lung during inspiration was not inflated. An improvement, however, became perceptible ; and by the use of tonics, and nourishing diet, she soon was enabled to walk about the room.

At this stage of her disease, I left off attending. The parents of the girl inform me that her improvement continued, and that the "*sore*" healed a few weeks after I absented myself. I find that the lung now is as impervious to air as the other, and that she enjoys as good health as she did before the attack of lung fever.

The support which this case affords to the preceding reflections is so obvious, that I consider any further remarks unnecessary ; but will only express a hope, that the foregoing observations and case will tend to remove that apathy which results from the general opinion that consumption is necessarily a fatal disease.

D. McR.

*Bangor, Me. January 23, 1835.*

### MEDICAL REFLECTIONS.—NO. III.

[Communicated for the Boston Medical and Surgical Journal.]

#### ON MEDICAL EXPERIENCE.

WHAT is Medical Experience ? This is a question which if properly answered might serve to throw some light on that loose and vague term which is daily so much abused. How often do we hear the expression among the people that *Doctor A.* and *Doctor B.* (who are truly and literally quacks) are "men of experience ;" "that they have been in practice long, and are, therefore, well qualified in the art of healing !" I am sorry to say that in the profession, some toleration is given to such opinions. There is an impression, vague indeed, on the public mind, that the art of healing is learned, almost exclusively, by each one's individual experience. This matter, I fear, has not been duly considered, either in or out of the profession. There is no one who attaches more importance to medical experience than I do ; but still I attach great importance to the due understanding of terms. Medical experience is of two kinds ; viz. general or collective experience, and particular or individual experience. The former is the experience of all the great and talented physicians who have gone before us, and of some living ones also ; and which is recorded in the books, and has now become the common property of all physicians who have talents and industry sufficient to enable them to avail themselves of so large a mass of valuable knowledge. The latter is the experience of each individual practitioner. Medicine is a science, the practical and most valuable part of which is made up of a collection of facts ; these facts have been gradually accumulating for some thousands of years, and seem now, in the present rapid state of improvement, to be advancing with a firm step in a geometrical ratio. Our science is like the growth of vegetables and animals, tardy in the germ or first advances, but rapid when approaching that perfection of which they are susceptible. It must still be acknowledged that the

science is imperfect, and forever will be so, in some degree, otherwise man would cease to be mortal. How absurd, how ridiculous is it, then, for a man to set up his individual experience against that of thousands as much favored as himself! The age of one man, if he should reach his three score years and ten, or could it be prolonged to a century, is but a span; and though he may observe many facts, which might be termed *his* experience, yet when compared with his predecessors' of the whole world besides, it is but a drop in the ocean. Still it is boldly asserted that medical knowledge is a gift, or comes by individual experience.

That man who places his hopes on his own experience alone, too vain and arrogant, too presumptuous, (and if I could indulge in the epithet) too lazy to profit by the experience of others; when let loose upon the world to practise physic, is as dangerous as a madman with a drawn sword in the midst of helpless women and children. GAMMA.

*January 22, 1835.*

#### ARTIFICIAL MUSK.

BY STEPHEN W. WILLIAMS, M.D. LATE PROFESSOR OF MEDICAL JURISPRUDENCE  
IN THE BERKSHIRE MED. INSTITUTION, ETC.

[Communicated for the Boston Medical and Surgical Journal.]

THERE is some reason to fear that this valuable medicine will come into disuse from the difficulty of procuring the genuine oil of amber, one of the ingredients of which it is prepared. I have frequently sent for it, of late, to the markets of Boston and New York, but have not been able to procure any from which the article could be prepared.

Professor Hufeland, of Jena, a name well known in the medical world, directed the attention of medical practitioners to the Artificial Musk, as a most valuable remedy in whooping cough, in the year 1798 or 1799. It seems it was invented by the celebrated chemist Marggraf, many years ago, and was highly approved by the great authorities of Van Swieten and Stoeller; but previous to the year 1798 it was not much used by physicians either in Great Britain or the United States. The medicine is cheap in comparison with the genuine musk, and, if the oil of amber and nitric acid are good, the article is easily procured. I have been in the habit of preparing it according to the following approved method, taken from the 1st Volume of the London Medical and Physical Journal, and, until lately, without difficulty.

“Three drachms and a half of concentrated nitric acid are gradually dropped on one drachm of rectified oil of amber, which is previously poured into a glass tumbler, or a very large wineglass. When the mixture is agitated it grows hot, and emits offensive fumes, against the inhalation of which the operator must be on his guard.” As the nitric acid of the shops is not generally strong enough, or concentrated, I usually, after mixing the ingredients, set the tumbler on an earthen plate, and place it before a fire upon the hearth, until it becomes hot, continually stirring it with a glass rod; when the mixture becomes hot, the ebullition is instantaneous. The reason for using the plate is for the purpose of

saving what is thrown over the top of the glass. After having stood twenty-four hours, the compound acquires a resinous appearance ; at the bottom of it will be found a fluid of an acid nature, but on the top a yellow resin, resembling musk in its smell. This resin must be repeatedly washed, first in cold, then in hot water, until the acid taste is completely removed. Thus we obtain a substance which is equal in flavor, as well as in its medicinal properties, to the genuine natural musk, which is perfectly soluble in spirits of wine, which, like other resins, can be precipitated by water, and which always retains the scent acquired by this simple chemical process. Two drachms of this resinous extract are dissolved in eight ounces of alcohol, or rectified spirit, which forms the tincture of artificial musk, which is the only preparation of it that I use. Berzelius prepares it by adding, drop by drop, three parts of fuming nitric acid to one of unrectified oil of amber.

According to the experience of Dr. Hufeland, the artificial musk has been found of great service in whooping cough, and in all kinds of nervous diseases. He thinks that the nitric acid might lead us *a priori* to conclude their uncommon efficacy in nervous and spasmodic affections. As this substance is of a waxy consistence, he thinks it most conveniently administered in the form of emulsions. For this purpose from ten to twelve grains are triturated in a mortar with a few almonds, and diluted with five or six ounces of water. Of this mixture, two teaspoonsful are given to a child from one to two years of age, and in a rising proportion to older children. Many patients have received a cure from the use of this remedy, and a few occasional emetics, without the aid of any other medicine. It generally produced a sudorific effect, while it obviously diminished and alleviated the fits of coughing ; and not unfrequently it was attended with eruptions, which, in many instances, assumed the form of the true nettle rash, and by this favorable crisis soon terminated the disease. Dr. O. W. Bartley, of Bradford, England, has been equally successful in the cure of whooping cough by the tincture, ten or a dozen drops of which are given at a dose, to a child eight or ten years of age, every three or four hours. In a case of diabetes mellitus which occurred in an elderly man, its administration was attended with singular advantage, when all other approved remedies had failed. He gave it in doses of twenty-five drops, three times a day.

In my own practice I have used it successfully in whooping cough, in the low stages of fever, in hysteria and convulsions, in all nervous affections, nervous palpitation of the heart, and in the declining stage of all inflammatory diseases. As a tonic stimulant, I administer it in fevers long before I dare adventure upon quinine or any other preparation of bark. Combined with aqua ammonia, compound spirits of lavender, or laudanum, according to circumstances, I have found no medicine equal to it in those cases of sinking faintness which so often attend the decline of life in pulmonary consumption, attended with distressing dyspnoea, and violent palpitation of the heart. In these cases I think it altogether preferable to the carbonate of ammonia, so often resorted to in these affections. In the practice of a judicious physician, cases are continually occurring in which the administration of it might be attended with the most beneficial effects. I might fill a volume with remarks upon cases

in which I have employed it with advantage. In fact, there is scarcely an article of the *Materia Medica* which I so freely, or frequently use, as this. I am happy to see that within a few years it has been introduced into our *Pharmacopœias* and *Dispensatories*. The medium dose is twenty-five drops.

It is particularly for the purpose of inviting the attention of my professional brethren, and especially of druggists, to the subject of the adulteration of the oil of amber, that I make these remarks. The oil of amber which I have hitherto employed, and with which I have been successful in preparing the genuine artificial musk, was of a light straw color, as thick as molasses, and nearly semi-transparent. This, I am aware, is not the highly rectified oil of amber; it may be the unrectified oil of Berzelius, but he should have made a distinction between this and the black, empyreumatic, thick oil, the product of the first distillation, which will not make genuine artificial musk, and is fit only for external application. Neither will the genuine rectified oil of amber, which is colorless, as fluid as alcohol, and of the specific gravity of 0.758, make it, as there is not enough consistence in it.

According to the Eclectic, and almost all other *Dispensatories*, "the oil of amber, as procured by the distillation of amber, is of a dark color, a thick consistence, and has a very fœtid odor; but by successive distillations it is rendered thinner, of a lighter color, and at length it is obtained nearly limpid." It is the product of the second or third distillation which constitutes the oil proper to be used in the preparation of artificial musk. According to Bache, in the 4th No. of the *Cyclopedia of Practical Medicine*, now publishing in Philadelphia, "rectified oil of amber, when perfectly pure, is colorless, as fluid as alcohol, and of the specific gravity of 0.758. As it usually exists in the shops, however, it has a light yellowish brown color. It has a strong peculiar odor, and a hot acrid taste. It is insoluble in water, soluble to a certain extent in diluted alcohol, and in all cases in anhydrous alcohol. By exposure to light it slowly changes in color and consistence, and becomes at last black and solid. When dissolved in 24 parts of alcohol of 0.83, and the solution mixed with 96 parts of water of ammonia of 0.916, the oil is disengaged, but held in suspension so as to form a milky fluid having a modified odor of ammonia, called *eau de luce*, or *aqua lucis*, sometimes employed as an excitant in fainting." (Berzelius.)

*Deerfield, Mass. January 19, 1835.*

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## BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, FEBRUARY 11, 1835.

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### WHOLESOME WATER.

BESIDE food, there is no blessing of higher value, so far as our physical well-being is concerned, than wholesome, potable water. In the country, where the fountains are comparatively pure, no adequate conception can

be formed of the immense advantage, in point of health and certainly comfort, which the inhabitants possess over those who are compelled to use the deteriorated, turbid, lifeless water of a city. It actually becomes necessary to suffer, in this case, in order to understand the condition of seventy thousand people, who cannot subsist without this indispensable fluid, but which, from the very nature of things, unless brought from a considerable distance in the interior, even in the very best regulated city in the world, must be exceedingly impure, and therefore injurious to the public health.

Boston is compactly settled—which would seem to be a sufficient reason for introducing water from some place in its environs, if a partial supply only were procured; for it would be humane to make a part comfortable, in this respect, if it were found impossible to supply the whole. It is utterly useless for any one to pretend that the native water of Boston is yielded in sufficient abundance for the entire wants of the inhabitants; and to maintain that the quality is good, would be a positive indication of insanity. It is not only notoriously bad in many parts of the city, but the annual increase of population has a direct tendency to make it worse and worse.

Great, however, as would be the advantages arising from the proposed plan of bringing water to the city, under the auspices of an enlightened Mayor, whose sole ambition seems to be to benefit the people, there is not much hope that the scheme will be accomplished before the expiration of another century. If it devolved on the physicians to declare the expediency or inexpediency of the measure, there is no doubt which way the question would be decided. But those who have a controlling influence in this important business seem to pay very little regard to the opinions of those whose professional acquirements have best qualified them to decide upon what is of consequence to the public health.

Knowing, as we do, from a careful series of observations and experiments, that the water of Boston is at best of an inferior quality, and continually becoming more unwholesome by the wash of streets, and infiltrations from stables, sewers, &c. which no system of cleanliness can ever obviate, we feel a strong desire to discover some energetic movements on the part of this intelligent and enterprising community, in order that, if possible, in our own day the prospect may yet brighten with the expectation of being furnished, in this metropolis of New England, with a simple glass of GOOD WATER.

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#### NEW METHOD OF PREPARING CREOSOTE.

BY M. CALDERINI, APOTHECARY AT MILAN.

THE essential oil obtained by the destructive distillation of wood is to be put into an iron vessel, and exposed to a gentle heat. The vessel is then to be taken from the fire, and slacked and sifted lime to be poured into it little by little, and with continual agitation, until the effervescence ceases, and the mixture becomes a hard mass, which is to be allowed to cool, and then powdered. A cast-iron retort is to be two-thirds filled with this powder, and placed in a reverberatory furnace. A receiver is to be fitted to the retort at the moment when the white vapors which first come over become yellowish. The distilled liquid is to be placed in a filter of paper moistened with water, to permit only the aqueous part to pass, and the oil left is to be washed with pure water which is to be allowed to filter. The

oil thus washed is to be placed in an iron vessel and *aqua potassæ* of sp. gr. 1.125 is to be added in the proportion of three parts to two of the oil. The mixture is then to be boiled for a moment with a gentle heat, after which it is to be taken from the fire, allowed to cool, filtered and mixed with dilute sulphuric acid, till it becomes slightly acid. The mixture is then to be left at rest, and an oily matter will be found floating on the top, which is impure creosote. This is to be collected, washed on a filter, put into a glass retort, placed in a sand-bath, and distilled. The first portion is to be laid aside, and what comes over afterwards of a pale yellow color, when heat is added, is creosote. The distillation is to be stopped when the drops become of a deeper color. If the distilled creosote be not sufficiently pure, it is to be dissolved anew in the *aqua potassæ*, and treated as before, always rejecting the first and last parts that come over on distillation, and this process is to be repeated until it becomes perfectly pure. When the creosote is obtained pure, it is to be kept in well-stopped bottles. It is known to be pure when it is colorless, transparent, of specific gravity 1.037, and possessed of great refrangibility. If a drop be placed in contact with the white of an egg, it is suddenly coagulated. If it be dissolved in a small quantity of *aqua potassæ*, the solution, when heated in contact with the air, does not assume a brown color, as happens when the creosote is impure, but becomes slightly reddish.

*Edin. Med. and Surg. Journ.—U. S. Med. and Surg. Journal.*

*Ligature of the Internal Iliac Artery.*—It gives us pleasure to say that this difficult and rare operation has within a short time been performed by Professor Mott, of New York, for a gluteal aneurism. The patient has thus far done well, and twenty-six days have now elapsed since the date of the operation. This vessel, as is known to our readers, has been five times before included in a ligature; successfully by Dr. Stevens of Santa Cruz, by a surgeon in the Russian army, and by Dr. S. P. White of New York: unsuccessfully by a Mr. Atkinson, of York, England, and by Mr. Thompson of Barbadoes. Dr. Mott's case is thus the sixth on record; and we hope to be enabled to lay the details of it before the profession, in a future number.—*Ibid.*

*Absence of the External Ear.*—A remarkable case of the absence of the external ear, and obliteration of the meatus auditorius, without injuring the sense of hearing, has lately been noticed in Germany, in a boy aged eighteen months. Instead of the right ear, there are three cutaneous protuberances, which do not contain any cartilaginous substance, and on the left side one of a similar nature is found. The external meatus is either entirely wanting, or at least quite closed by the common skin. It is doubtful whether the child hears by means of the eustachian tube, or by the cutis performing the functions of the membrana tympani.

*Graefe and Walther's Chirurg. Journal.—Ibid.*

*Climate of England.*—The mortality of great Britain, its cities and its hospitals, is greatly inferior to that of any other country in Europe; it is also incontestible that "Great Britain is the most healthy country with which we are acquainted," and that it has been gradually tending to that point for the last fifty years. This superior value of life in Great Britain



is not confined to any particular districts or classes of individuals. To whatever point we turn our view, the advantage is still the same ; the man of affluence, the pauper-patient of the hospital, the sailor and the soldier on active service, the prisoner of war, the inmate of a jail, all enjoy a better tenure of existence from this country than from any other of which we have been able to consult the records. It has been long the fashion, both abroad and at home, to exhaust every variety of reproach on the climate of our country, and particularly on the atmosphere of London ; and yet we shall find that the most famed spots in Europe, the places which have been long selected as the resort of invalids, and the fountains of health, are far more fatal to life than even this great metropolis. The annual report of deaths at Montpelier was greater thirty years ago, and is greater at present, than in London.

*Dr. Hawkins's Elements of Medical Statistics.*

*Ravages of the Smallpox in Mexico.*—Humboldt gives some interesting details of the epidemics of Mexico. The smallpox was introduced in 1520, and seems to exert its power at periods of 17 or 18 years. It appears the discovery of Dr. Jenner had long been known to the country people among the Andes of Peru. The vaccine method was introduced in various parts of Mexico and South America at the commencement of the present century. A negro slave, who had been inoculated for the smallpox, showed no symptom of the disease, and when the practitioners were about to repeat the operation, told them he was certain he should never take it ; for when milking cows in the mountains, he had been affected with cutaneous eruptions, caused, as the herdsmen said, by the contact of pustules sometimes found in the udders.

In 1763 and 1779 the smallpox committed dreadful ravages, having carried off during the latter year more than 9000 persons in the capital alone. In 1797 it was less destructive, in consequence of the increase of inoculation.

*Teaching the Dumb to Speak.*—A paragraph has been going the rounds of the newspapers, announcing as an astonishing novelty, that the Abbe Janet, of Normandy, “has succeeded in teaching a person to speak who has been deaf from his nativity.” The novelty is now of 350 years standing. Pedro Ponce instructed four deaf mutes in Spain to write and speak in 1570, and John Bonet published the method in 1620. In 1659, Drs. Holder and Wallace succeeded in the same difficult task in England ; and it has ever since been a regular branch of instruction in that country. The tones of the voice in such persons have always been “singular,” and generally “unpleasant.”—*Annals of Education.*

*New Medical Work.*—Messrs. Carey, Lea & Blanchard, of Philadelphia, have just published “A Treatise on the Influence of Air and locality ; Change of Air and Climate ; Seasons ; Food ; Clothing ; Bathing ; Exercise ; Sleep ; Corporeal and Intellectual Pursuits, &c. &c. on Human Health ; constituting Elements of Hygiene. By Robley Dunglison, M.D. Professor of Materia Medica, Therapeutics, Medical Jurisprudence and Hygiene in the University of Maryland.”

*North American Archives of Medical and Surgical Science.*

## Record of Meteorological Observations for January, 1835.

1835 January	THERMOMETER.			BAROMETER.			Appearance of the Atmosphere	Wind	Rain	Memoranda, &c.
	Min.	Max.	Mean	Min.	Max.	Mean				
Thur. 1	10.00	17.50	13.75	29.50	30.00	29.900	Fair	NW		
Frid. 2	12.00	25.00	18.50	29.85	30.00	29.925	Fair	NW	.50	Snow last n. & this m. Ther. -2° at 9h 30' a.
Satur. 3	5.00	8.50	6.75	30.08	30.30	30.190	Fair	NW		Th. -1° at 9h a. Harbor
Sun. 4	-8.00	7.00	-0.50	30.33	30.35	30.340	"	"		closed
Mon. 5	-5.00	18.00	6.50	30.18	30.30	30.240	"	"		
Tues. 6	9.50	4.00	4.75	30.20	30.20	30.200	Cir. c. strat.	NE	.30	Su. m. NW & cu'l a. [Th. 0 at 7h a.]
Wed. 7	-4.00	9.00	2.50	30.15	30.20	30.175	Fair	NW		
Thur. 8	2.50	22.50	12.50	30.15	30.15	30.150	"	"		
Frid. 9	7.50	22.00	14.75	30.20	30.30	30.250	"	N		
Satur. 10	8.00	23.00	18.00	30.30	30.32	30.310	"	NW		
Sun. 11	17.00	32.00	24.50	30.22	30.30	30.260	"	"		
Mon. 12	15.00	37.00	26.00	30.05	30.20	30.125	Cirrus	S		
Tues. 13	19.00	43.00	31.00	29.94	30.00	29.970	Cirro stratus	SW		
Wed. 14	26.00	37.50	31.75	29.60	29.94	29.770	Cir. c. strat.	SE	.26	● Rain
Thur. 15	33.00	45.00	39.00	29.75	29.88	29.815	Cirrus	E		
Frid. 16	32.00	44.00	38.00	29.40	29.60	29.500	Cir. c. strat.	SW	.40	Rain and hail last night Harbor open
Satur. 17	34.00	40.50	37.25	29.75	29.96	29.855	Cumulus	NW		Stratus, m.
Sun. 18	28.00	35.00	31.50	29.96	30.02	29.990	Cirrus	W		
Mon. 19	18.00	33.00	25.50	30.02	30.08	30.050	"	S		
Tues. 20	22.00	39.00	30.50	29.82	29.95	29.885	Cumulus	NW	.01	Snow and cirro c. stra.
Wed. 21	21.00	34.50	27.75	29.60	29.98	29.790	Cir. c. strat.	SE	.32	( Slight sn. m. Rain [during the night]
Thur. 22	31.00	40.00	35.50	29.20	29.60	29.400	Cumulus	NW		
Frid. 23	28.00	46.00	37.00	29.60	30.00	29.800	"	"		
Satur. 24	27.50	31.50	29.25	30.12	30.40	30.260	Cumuli	"		Ther. 25° at 9h 30' a.
Sun. 25	25.00	33.50	29.50	29.95	30.40	30.175	Cir. c. strat.	SE	.60	Th. 40 at 9h a. R. at n't
Mon. 26	44.00	52.00	45.00	29.58	29.70	29.640	Stratus	SW	.10	Th. 38 at 9h a. R. at n't
Tues. 27	35.50	47.00	41.25	29.60	29.85	29.725	Cumuli	W		Stratus, m.
Wed. 28	31.50	38.00	34.75	29.60	29.80	29.700	Stratus	NW	.20	○ Rain and SW m.
Thur. 29	31.00	38.00	34.50	30.10	30.26	30.180	Cirri	"		[56° during night]
Frid. 30	29.00	35.00	32.00	29.75	30.25	30.000	Cir. c. strat.	SE	.40	Rain, & at n't SW. Th.
Satur. 31	48.00	52.00	52.00	29.15	29.32	29.235	Cumulus	SW	.50	Wm. r'n, hail, c. c. s. m.
Average.	29.09	32.09	26.225	29.87	30.05	29.9614	Fair	NW	3.61	

RESULT.—Mean temperature, 26.225. Maximum, 31st, wind SW, 52.00. Minimum, 4th, wind NW, -8.00. Greatest daily variation, 13th, wind SW, 24.00. Least daily variation, 3d, wind NW, 3.50. Range of thermometer for the month, 60.00. Decrease of mean temperature from December, 1.464. Prevailing atmosphere, Fair.—Mean atmospheric pressure, 29.9614. Maximum, 24th, wind NW, 30.40. Minimum, 31st, wind SW, 29.15. Greatest daily variation, 30th, wind SE, 0.50. Least daily variation, 6th and 8th, wind NE and NW, 0.00. Range of barometer, 1.25. Decrease of atmospheric pressure from December, 0.0010. Prevailing wind, NW. Rain, &c. 3.61 inches.

Comparison with January, 1834.—Mean temperature, 24.516. Maximum, 52.50. Minimum, 2.00. Rain, 1.10 inches. Prevailing atmosphere, cirro-cumulo-stratus, cloudy. Prevailing wind, NW.

Fort Independence, Boston, February 1, 1835.

B.

**Vaccination in Burmah.**—Dr. Fansher, well known in this country for his untiring efforts to disseminate the blessings of vaccination, is now making preparations to extend his philanthropic operations into the Burman empire. He has been excited to this very benevolent work, in consequence of hearing of the extensive ravages, made by the smallpox, in that unhappy country, the last season.

**Institution for the Blind.**—The number of pupils now in the Boston asylum is 42, of whom 23 are charity scholars. They are instructed in vocal and instrumental music, spelling, reading, writing, mathematics, &c., and some are occupied a part of the time in the manufacture of useful articles, such as mattresses, mats and baskets.

**Medical Convention of Ohio.**—Several physicians of the State, upwards of seventy in number, met in Convention at Columbus; on the 5th Jan. Many subjects of general interest and benevolence were acted upon. Much good feeling and harmony prevailed—and after a session of three days the Convention adjourned, to meet at the same place, on the first day of January, 1838.—*Western Medical Gazette.*

**A new Nostrum.**—A new article, calculated, by its puffed virtues, to be liberally purchased, called the *Specific Extract for Gonorrhœa*, is beginning to be manufactured in great abundance abroad, and may be shortly expected this side of the Atlantic, the best market on earth for quack medicines. It consists of nothing but *balsam of copaiba*, *opium* and molasses, boiled down to a fluid extract consistence, and perfumed with some finely-flavored essential oil.

**Infantile Development.**—In Palermo there is a child, three years old, 4 1-2 feet (French measure) in height, well formed and vigorous. Discoveries of great interest in pathology are intimated to have been made through its means, by the physicians of that city.

**Copland's Medical Dictionary.**—We perceive by the late English journals, that Part III. of this work is just published in London, and that the remainder of the Dictionary may soon be expected. We are informed that the numerous subscribers in this country will be furnished with the remaining Parts with all reasonable despatch, after their arrival.

THE commencement of a new series of the Journal, proposed in August last, it has been thought advisable to defer for the present. The Title-page and Index to Vol. XI. will be sent to subscribers in the next or the succeeding number.

**DIED**—At Torrington, Ct. Samuel Woodward, M.D. 84.—At Charleston, S. C. Dr. Edmund Thomas Waring, 56.—At St. Louis, Mo. Dr. John M. Thomas, U. S. A., late of the city of Washington.—At Rodney, Mi. Dr. N. L. Bouldin, 43, formerly of Delaware.—At Lancashire, Eng. Rowland Detroisier, an eminent lecturer, who directed his remains to be devoted to purposes of science.

Whole number of deaths in Boston for the week ending Feb. 7, 32. Males, 17—Females, 15.

Of consumption, 4—fits, 4—inflammation of the lungs, 1—lung fever, 6—old age, 2—scrofula, 1—infantile, 2—droopy, 1—inflammation of the bowels, 1—accidental, 1—liver complaint, 1—croup, 1—intemperance, 3—pleurisy, 1—scarlet fever, 1—dysentery, 1—erysipelas, 1.

## ADVERTISEMENTS.

### PHILOSOPHICAL AND ASTRONOMICAL APPARATUS.

N. B. CHAMBERLAIN, No. 9 School St. Boston, manufactures Philosophical, Astronomical, Pneumatic, Hydrostatic, and Electrical Apparatus, Mechanical Powers, &c. of beautiful workmanship, designed for Lecture Rooms and public instruction in Schools, Academies and Colleges. Portable models of the Steam Engine, put in motion by a spirit lamp, afforded at a very reasonable rate, can be obtained at any time, by addressing the advertiser by mail.

Boston, February 4, 1835.

optf.

### ADVERTISEMENT.

TRACTS on Vitality, just published by the subscriber. These tracts are designed to give highly useful instruction to two descriptions of persons: 1. To those who are fond of Physiology and Phenology; 2. To those who may be liable to be duped by buying Mr. Morison's *Hygiana* Pills! One dollar sent by mail (post paid) will buy two of these pamphlets, and likewise two of the "Pilgrim's Progress in Phenology."

February 11, 1835.

ELISHA NORTH, M.D. of New London (Conn.).

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BROWN & PEIRCE, No. 87 Washington Street, up stairs (at sign of Books and Apparatus), are constantly manufacturing and keep for sale, PHILOSOPHICAL APPARATUS, in all its varieties, embracing Astronomical, Pneumatic, Hydrostatic, Optical, Electrical, Chemical, Mechanics, &c. &c. Warranted of the best materials and superior workmanship. The importance of illustrations, in studying the sciences, is conceded by professional gentlemen at the present day.

Private Individuals, colleges, academies and schools, furnished with all the above promptly, and at reasonable rates. Orders are solicited.

Boston, January, 1835.

(Jan. 6—tf.)

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. OLAPF, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy, *gratis*.—Postage the same as for a newspaper.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XII.]

WEDNESDAY, FEBRUARY 18, 1835.

[NO. 2.]

## THESES AT THE PARISIAN CONCOURS.

[See page 399, Vol. XI.]

### THESIS OF M. SANSON.

#### ON THE ADVANTAGES AND DISADVANTAGES OF IMMEDIATE UNION OF WOUNDS. Pp. 113.

THIS subject broaches a point which is greatly in dispute between the French and English surgeons. The favor with which Hunter's doctrine is received and followed up in England, constitutes the chief difference of practice between the surgeons of both nations. Let us therefore hasten to see in what point of view it is regarded by one of the best practitioners in the French capital.

M. Sanson commences by a definition of immediate union, which he calls "the operation by which the surgeon places in contact the opposite points of a wound, to determine adhesion without suppuration, or with the least suppuration possible," and then proceeds to expose the phenomena accompanying wounds without suppuration, and compare them with the accidents of suppurating wounds, in order to determine the relative advantages, &c.

*Chaps. I. II. & III.*—The first and second chapters contain a good description of the local and general phenomena exhibited by wounds which unite without suppurating. The third enumerates the conditions favorable to union by the first intention, which are,

1st. The existence of life in the two surfaces, and a free circulation.

2nd. The wound must be recent; the shorter time it has been exposed to the air, the more apt it is to heal without suppuration.

3rd. The wound must be exempt from contusion. However, says the author, very justly, the action of a contusing body, though even violently applied, does not always render union by the first intention impossible. Amongst the wounded of July 1830, M. Sanson treated a young man who had the middle of the thigh traversed near its centre by a ball; there was no eschar; the wound united in a few days by the first intention, and the two orifices alone suppurated. Hunter and Larrey have seen several similar cases.

4th. Foreign bodies in the wound are an obstacle.

5th. The conditions of age influence the facility of union or non-union; it is more easy the younger the individual is.

6th. Conditions of season and climate; witness the brilliant success obtained in Egypt by Baron Larrey and by Clot Bey.

7th. Finally, a most important condition is, that the surfaces of the wound be retained in *immediate* contact, during the whole time necessary for the organization of the coagulable lymph.

Means for favoring union by the first intention :—1st. Situation of the parts ; 2nd. Agglutinatives ; 3rd. Bandages ; 4th. Suture. An examination of the cases in which suture is applicable. Surgeons generally agree to reject the suture from the treatment of wounds of the limbs ; however, Delpech has lately employed them after the great operations, without the inconveniences generally attributed to them.

*Chap. IV.*—General means proper to assure the success of immediate union. It is not enough to place the surfaces in contact ; the surgeon must endeavor to remove all complications which may disturb the process of union. These most commonly are,—pain, excess or absence of inflammation, general debility, derangement of the *primæ viæ*.

*Chap. V.*—*Local Phenomena of Suppurating Wounds.*—Three main circumstances may vary the march of a suppurating wound, without changing the essential phenomena. These are, 1st, A considerable separation of the edges of a simple wound, abandoned to itself ; 2nd. An extensive loss of substance ; 3rd. Contusion or disorganization of various tissues.

Here follows a full description of the phenomena observed in these three cases. The change of aspect in the wound ; the formation of a thin fine membrane at the bottom, which soon becomes the pyogenic membrane ; the formation of small fleshy vascular masses called granulations ; the contraction of the wound, depending on the remarkable retractile property of the granulations ; cicatrization ; and the union of the divided tissues by a thin layer of a fibro-cellular matter, the “tissue inodulaire” of Delpech. So much for the first case. In the second, the process is slower, and varies according to the different tissues ; in the third, the elimination of the disorganized parts must take place, before any attempt at healing goes on.

*Chap. VI.*—*General Phenomena of Suppurating Wounds.*—1. Development of the traumatic fever, or during a later period the patient is exposed to accidents of a dreadful nature, which have been attributed in turns to phlebitis or purulent absorption. 2. Action of the wound on the brain or general economy, wasting the force of the patient, occasioning hectic fever, &c.

*Resumé.*—From the preceding observations it follows, that when a wound is healed by the first intention, we obtain the following advantages : 1. The solution of continuity is reduced at once to the smallest limits. 2. The united parts are withdrawn from the action of the air, &c. 3. Little local inflammation, pain, &c. 4. The treatment, of short duration, is not likely to derange the health of the patient. 5. After a cure the cicatrix is linear, and does not impede the action of subjacent muscles.—In suppurating wounds we have as disadvantages,—1. The long exposure of the wound to the air, &c. giving rise to pain, irritation, &c. and, as a consequence, severe traumatic fever. 2. The danger of its reaction on the head or principal viscera ; however, says M. Sanson, in the greater part of cases, we have merely the constitutional fever. 3. Finally, the accidents of too great suppuration, and the length of the disease. As to the dangers of *phlebitis*, he proposes to speak of it presently, noticing, however, that the accident most frequently occurs after amputations, and in cases of wounds combined with fracture. Besides these

inconveniences, there is the danger of hospital gangrene coming on, and the extent of the cicatrix.

Here are decided advantages of union by the first intention, considered generally. But to decide the question of the thesis with any accuracy, it is necessary to establish some division of wounds, and consider union in each; the author, therefore, distinguishes, 1st, wounds properly so called; 2nd, wounds made by the surgeon, excepting amputations; 3rd, amputations.

*Chap. VII.—Union considered in Wounds, properly so called. Historic view.*—Union by the first intention employed by Hippocrates, Celsus, &c. afterwards abandoned; the origin of a mixed method, which consisted in uniting a great part of deep wounds, and maintaining the other part open by means of a tent, which might favor the discharge of the fluids, and avoid the inconveniences arising from their stagnation.

It is now generally admitted, that union by the first intention should be tried,

1. For all wounds produced by cutting instruments, whenever the edges can be brought together, and the wound does not contain a foreign body, &c. The lesion of a considerable artery is no obstacle, for the trajet of the thread alone may suppurate.

2. For contused wounds. When the contusion is feeble, or not violent, it affects only the superficial parts.

A contusion, though it might be judged enormous from the cause producing it, does not always contra-indicate immediate union; and here the author draws a practical distinction of value. Bodies projected by powder, do not always produce wounds which represent the form and size of the projectile; they sometimes give rise to extensive lacerations, radiating from the wound itself. Here immediate union may be tried. The author has seen M. Larrey, in cases where one or even both jaws have been carried away, and where all the soft parts of the face were horribly lacerated, succeed in reducing the wound to a simple one, by cutting away the edges and angular projections, &c.

3. Wounds arising from divulsion. When a portion of the body has been suddenly torn away, the only way to diminish the extent of the wound is to apply at once all the parts that can be brought together.

Immediate union should not be tried,

1. In poisoned wounds.

2. In incised wounds, if they are so irregular, &c. that the opposite surfaces cannot be brought together without leaving intervals, unless the intervals be so placed that any fluid collected may be evacuated by a counter-opening.

3. Where there is a foreign body in the wound or effused blood, &c. which cannot be completely removed.

4. In cases of injury to a duct, where union would produce effusion.

5. In cases where it would require great force to bring the edges of the wound together.

6. Gunshot-wounds (as a general rule) and contused wounds.—Having thus established the indications and counter-indications of immediate union, M. Sanson describes the rules of dressing. In all cases, he advises to wait until the flow of blood be completely arrested before the wound is

closed ; he also cuts off one end of the ligature ; where the wound is extensive and the ligatures numerous, he assembles them in different bundles to be brought out at the corresponding angles. In order to moderate the inflammation, M. Sanson praises much the application of cold water for three or four days, so as to keep up a constant low temperature, joined to humidity.

These generalities laid down, the author examined wounds in the different regions of the body.

*Wounds of the Integuments of the Skull.*—Simple incised wounds to be united at once, and covered with a compress dipped in cold water. When the wound presents a flap, the base of which is downward, the point generally retracts and leaves some part of the bone denuded. Here the suture should be employed. Petit recommended making a counter-overture at the base of the flap to prevent the accumulation of pus, &c. ; but M. Sanson does not think that necessary. But these wounds are often attended with dangerous complications, as intolerable pain from incomplete division of the nerves, inflammation extending under the aponeurosis, and terminating in suppuration, denudation of the skull, meningitis, &c. The development of these accidents may, in many cases, be prevented by leeches, applied behind the ears for several days, and sinapisms to the lower extremities, with laxatives or diluents to the intestinal canal ; but if in spite of these means inflammation declares itself, we should not hesitate to remove all the means employed for union, and to divide the tissues down to the very bone.

*Wounds of the Face and Neck—penetrating Wounds of the Chest.*—When these are accompanied by effusion of blood into the chest, surgeons are divided on the treatment. Paré advised keeping the wound open, to prevent the accident of suffocation, &c. ; others, amongst whom is one of the judges, act diametrically opposite, and close the wound in order to stop the hemorrhage. M. Sanson does not attempt to resolve this question, or give a decided opinion.

*Penetrating Wounds of the Abdomen* are to be united immediately whenever the viscera are free, easily reduced, and preserve their integrity.

*Wounds of the Limbs.*—Under favorable conditions, all these wounds should be united by the first intention. Larrey has proved that incised wounds penetrating into joints, and even injuring the bone, may be cured by immediate union. He divides at first, to discharge any blood effused into the cavity of the joint, removes any portion of bone or cartilage injured, and then fixes the limb immoveably. In this way he cured, at Cairo, a wound of the shoulder-joint. There was no suppuration, and the limb preserved its motions. A more important question is to decide whether or not we ought to try immediate union in wounds complicated with fracture, and surgeons are much divided in opinion upon this point. The numerous cases of unsucccess where union has been tried, induce many to prefer amputation. However, there are certainly cases of exception : thus, whenever the fracture and wound are free from contusion, or when the fracture is indirect, and the wound is produced by the fragments being driven outwards, it is easy to reduce the injury to the conditions of a simple fracture. M. Sanson has treated several cases of com-



pound fracture of this kind successfully, by closing the wound and employing cold to prevent inflammation. In all other cases it is generally admitted that amputation is required ; however, the remarkable results obtained by the immoveable apparatus of M. Larrey, again render the question undecided, and new facts are required.

#### PART II.

*On the Immediate Union of Wounds resulting from Surgical Operations, except Amputations.*—Immediate union is applicable to a vast number of surgical operations, which the author examines, but which we cannot even enumerate here. The cases to which it is not applicable are, according to M. Sanson,

1. When the operation has been performed to evacuate a fluid, or where a natural duct is obliterated, as after trepanning for effusion, bronchotomy, &c.
2. When it is right to obtain cicatrization from the deep towards the superficial parts, as in fistulæ in ano.
3. When a foreign body is not extracted by the first incision made, but it is necessary to operate a second time.
4. When it is probable that suppuration is inevitable.
5. When a duct is opened and the effusion of its fluid is inevitable.
6. When we wish to destroy adhesions, bridges, &c.
7. When it is necessary to re-establish a duct or an obliterated orifice.

#### PART III.

*On the Advantages and Disadvantages of Immediate Union after Amputations.*

From the preceding brief sketch of the opinions detailed by M. Sanson in the thesis before us, it will be seen that the practice of French surgeons, with respect to the union of wounds, &c. differs very little from that followed in England. In the treatment of amputations, however, the difference is much more marked, and if success be taken as a criterion of the two methods, the superiority undoubtedly rests with English practice. We have no means of obtaining the results of amputations performed at the London hospitals ; but we may say, without fear, that the mortality, on an average, has never amounted to one-third of those operated upon—the result of the practice of two of the most celebrated surgeons in France, MM. Dupuytren and Roux.

The honor of applying immediate union after amputations belongs, says M. Sanson, to Lowdham ; the process was improved by Cheselden in England, and by Petit and Louis in France, who gave a better form to the stumps ; it soon became the favorite practice in England, and also in Germany, where it was vigorously advocated by Langenbeck and Graefe. In Italy the partisans and opponents were nearly equally divided. In France it was adopted by Desault, and practised by Baron Percy, who, after the affair of Neubourg, obtained wonderful success by this method (ninety-two amputations, eighty-six cures). At the present day, in France, it is recommended by Professors Dubois and Richerand, and Maunoir of Geneva ; while Pelletan, Boyer, and Larrey, reject it ; MM. Dupuytren and Roux employ it only in a few particular cases.

To what are we to attribute such a difference of opinions? Is the question to be resolved by the results?

In a thesis of M. Avery, 353 cases of amputation are collected from the practice of Alanson, Freer, Kenedy, Lucas, Percy, Lawrence, Maunoir, Dubois, and Hammick; the number of deaths were eighteen, or nearly one-twentieth. Again, in ninety-five amputations, thirty-eight treated by immediate union by M. Roux and Dupuytren (who lost one-third), and fifty-seven treated in the same manner after the siege of Antwerp (one-sixth lost), the average of deaths was about one-fifth; and if we examine the practice of Alanson, Lawrence, Percy, &c. we find that some did not lose a single patient in thirty-six operations, while others lost one-ninth, one-tenth, one-fourteenth, &c.

If we add the cases of Roux, Dupuytren, and Larrey, to those quoted above, we have 448 operations and thirty-eight deaths, or one-twelfth.

Such are the statistical details given by M. Sanson, but from which he draws no conclusion whatever; he seems to us, however, to have neglected a most important element of comparison—viz. the statistical results of amputations treated by the second intention, which he could easily have had from the Hôtel Dieu, La Charité, La Pitié, &c. If we mistake not, M. Dupuytren, who treats his patients by a mixed method, loses one-fourth, a proportion very much more unfavorable than one-twelfth.

We now arrive at the termination of the thesis, in which the author gives a resumé of the advantages and disadvantages of immediate union after amputation.

The advantages have already been noticed under the head of wounds in general; it is unnecessary to recur to them. The inconveniences evinced by the opponents are:—

1st. *Hemorrhage*.—Pellatan has much insisted on the danger of bleeding, which he says is more frequent after union by the first intention. M. Sanson regards this objection as of little value. Now-a-days the ligature is so perfected, that any danger from its relaxation, or premature division of the vessel, is slight. Besides, the inferior angle of the wound may be left open, so as to give exit to any fluid.

2nd. *Purulent Collections*.—This also is an objection of Pellatan, which the author shows to be unfounded.

3rd. *The sudden Suppression of a Long-standing Suppuration*.—This is not applicable to amputations practised for recent injuries, &c. Where the suppuration is of such a kind as to improve the general health (and this may happen), it should not be suddenly suppressed.

4th. *Phlebitis*.—This M. Sanson regards as the most important point of the question: viz. to determine whether immediate union is more favorable to the development of phlebitis than the method of allowing the wound to suppurate, because the greater number by far of patients who die after amputations in the hospitals, are carried off by phlebitis. This accident may occur after any kind of dressing, but it remains to see if one species may not favor it more than another. Two circumstances seem more particularly to predispose to phlebitis: viz. suppuration, and the stagnation of purulent matter. Now from the nature of an amputation, &c. in some suppuration at least is inevitable, and it is also a

necessary consequence that the pus stagnates more or less ; the skin has always a greater tendency to unite than the deeper parts, the pus is retained, alters in quality, and is absorbed ; hence with all its advantages, immediate union has the great disadvantage of placing the wound in circumstances most favorable to the development of phlebitis. On this account many French surgeons place a slip of lint all along the lips of the wound, and endeavor to heal the deep-seated parts first. This *mixed method*, which M. Sanson regards as the most rational in the present state of surgery, is that employed by Boyer, Larrey, Roux, Dupuytren, &c. We cannot hope to obtain by it the rapid cures which sometimes result from the method of primary union : but these rapid cures are rare ; the greater part of the cases require three weeks or a month, and the mixed method demands very little more time.

Such is a brief analysis of M. Sanson's opinions on union by the first intention. We have not now time to discuss them, but leave our readers to judge whether, as he asserts, immediate union exposes more to phlebitis, than union by suppuration. The doctrine laid down in the conclusion of the Thesis seems to be universally admitted in France, for not one of the argumentators objected to the fundamental proposition by which immediate union of the whole stump after amputation is rejected. The French surgeons, then, endeavor to heal by the first intention the bottom of the wounds, while they force the surface to suppurate.

## ON THE THERAPEUTIC USES OF IODINE AND CHLORINE.

TRANSLATED BY W. C. ROBERTS, M.D. OF NEW YORK.

WE had intended to have considered the iodurets and hydriodates in this paper, but we find that as yet little can be said about their therapeutic uses. Most of the iodurets, or iodides, are soluble in water, and pass into the state of hydriodates upon contact with it ; they cannot therefore be distinguished from the latter, for medical purposes, when exhibited in that vehicle. The iodurets of antimony, of arsenic, of lime, of iron, of mercury, of potassium, and of sulphur ; and the hydriodates of ammonia, baryta, and soda, merit most attention ; and of such as have been used in medicine, we shall take a brief survey.

The hydriodate of ammonia has been used in England under the form of ointment, for the removal of glandular tumors. The ioduret of lime has been employed in the treatment of cutaneous affections, also in the form of ointment ; and it has been thought by Brera to offer peculiar advantages in the treatment of scrofula. It seems worthy of further notice. The ioduret of iron has been commended, in the form of pill, as a remedy for leucorrhœa and amenorrhœa ; and its aqueous solution (the hydriodate) is given in ten drop doses, progressively increased, morning and evening, as a tonic in scrofula. This substance has, we observe, recently attracted the notice of Dr. A. Todd Thompson, who has just published an 8vo. on its preparation and medicinal employment.

The hydriodate of potassa (or an aqueous solution of the ioduret of potassium) is familiar to the profession. Abroad it is used of the strength

of thirty-six grains to the ounce of water, and is given by drops, like the tincture of iodine. Among us it is used chiefly as an ointment, mixed with lard, and is rubbed in upon glandular enlargements, in conjunction with the use of iodine internally. The hydriodate of potassa, like the other alkaline hydriodates, is susceptible of combination with a greater quantity of iodine. The preparation ultimately approved of by M. Coindet, contains 36 grains of the ioduret of potassium, and ten grains of iodine to the ounce of distilled water. Its greater activity requires that it be administered with greater reserve. In the ioduretted mineral water of Mons. Lugol, we have  $\text{ði.}$  of iodine and  $\text{ðii.}$  of the hydriodate of potassa to the ounce of aq. distill. Mons. Gendrin employs an ointment which contains 32 parts of axungia, 4 of the hyd. potassæ, and 1 of iodine; and that which is used by M. Lugol, to rub upon glandular tumors, contains a double quantity of iodine and of the salt. The hydriodate of soda, though its virtues would appear to be the same, is but little used. The ioduret of sulphur is the preparation so much used in cutaneous diseases, by Mons. Bielt, at the Hop. St. Louis. He combines it with twenty times its weight of lard, or simple ointment.

The iodurets of mercury are two; they are insoluble in water. They are given in the form of tincture (in doses of five to twenty drops in distilled water); of pill and of ointment. In venereal affections, particularly when connected with a scrofulous diathesis, these iodurets have been advantageously tried. Coindet first pointed out their value, in his third paper; and M. Bielt employs the prot. ioduret in syphilitic affections of the skin. An ointment of an ounce of lard, six grains of the prot. ioduret of mercury, and eight of the acet. morphicæ, has been commended as useful in congestion of the uterus and scirrhus of the mamma. Pinel considers them to be absorbed with peculiar rapidity, and very efficacious in dartrous affections. With these observations, we quit the subject of iodine and its preparations.

**Chlorine.**—This gas, which has been only of late admitted to the rank of a simple body, exists abundantly in nature. It is soluble in water, with which it forms the aqua chlorata, or hydrochlorine. The taste of the liquid is astringent and disagreeable, and in smell, in color, and in most of its properties, it resembles the gas itself. It must be very pure to avoid the risk of accidents, and be sedulously kept from all contact with the light. When sufficiently diluted, it has been employed therapeutically in various ways.

In syncope, in cases wherein ammonia is inefficient, the liquid chlorine has been found by Nysten to be valuable; and the experiments of Siméon upon dogs which had been poisoned by hydrocyanic acid, and were recovered by the inspiration of chlorine, are very remarkable. During the epidemics of typhus, which everywhere marked the progress of the allied armies in 1813 and 1814, liquid chlorine was often internally administered. In Germany, Doctors Braun, Schueler and Wolff, and Prof. Dzondi, give their testimony to its efficacy in this disease. Kapp, in putrid dysentery; Rossi, as a stimulant in asthenia; Luiscius, of Holland, in malignant catarrhal fever; Brathwaite, in scarlatina and angina maligna, of which he considers it the specific remedy; all commend its internal exhibition. Dr. Braun, of Coethen, tells us that an experience of ten

years in scarlet fever has taught him that it prevents its contagion, and conquers its putrid tendency. He gives the pure water of chlorine (aqua oxymuriatica, vel chlorata) every two or three hours, in spoonfuls; giving to children in all two ounces, and in adults four or five. It has been particularly experimented with as a remedy for rabies. Brugnatelli, in 1816, relates, in his journal of physics and chemistry, many facts in favor of the preservative action of this article, employed as a lotion to the wounds, and in the form of pill, made with crumbs of bread, internally given; ℞ij. to children, to adults ℞ij. four or five times a-day. It is true, that in opposition to this favorable evidence, there exist many counter statements; but, by Arragoni and other Italian physicians, its efficacy is still boasted, and the case of the student in pharmacy, by M. Chevallier; the new experiments of Previsali, at Paris; and the very numerous cases related by Schoenberg and Semmola, of Naples (Bull. des Scien. Med. de Ferussac, 1828), who gave ℞ij. to ℞i. of dilut. aq. chlor. three times a-day, with, unfailling success, tend to awaken a hope in our bosoms that a remedy, or at least a preventive, for this hitherto intractable malady may yet be found. In dartsous affections, in scabies and in pernio, we are told by Kapp, Deimann, Cluzer, and Chevallier, that the hydrochlorine has been used with success; and we find, in the Pharmacopée Universelle, the formula for an antipsoric ointment composed of ℞i. chlorine to ℞i. of axunge. The external use of chlorine, in scirrhus, goes back as far as 1787. We have the testimony of Fourcroy and Hallé, that it lessens the fœtor, renders the discharges less serous, and gives a better aspect to the sore. Brathwaite, Rollo and Brachet, have since been not less successful. Baths impregnated with chlorine have been administered in England, by Wallace, in icterus, biliary calculus and ascites, resulting from hepatic disease. The bath effects a general pruritus and much sweating; its temperature is 32° Reaum., and the patient is immersed in it for twenty minutes.

The employment of inhalations of the pure gas, or of aqueous solutions of chlorine, in pneumatic diseases, however much its irritating qualities might *a priori* be supposed to be hurtful, has been attended with very gratifying results. Hallé, and more lately, Gannal, Bourgeois, Cottereau, and others, have experimented on this subject, from having observed the immunity of bleachers from consumptive maladies. Numerous cases of phthisis, and, in some instances, very remarkable ones, treated in this way, were collected in 1828, by M. Gannal, and read by him to the Academy of Sciences. All his patients derived relief from the inhalation, and experienced a peculiar feeling of comfort. Respiration became less oppressed, the sputa less abundant; and there occurred no heat in the thorax, no fever, no hæmoptysis, as might have been feared. The cough, in some instances where the dose was not well graduated, was augmented for a while; but it soon was allayed. Some of his patients, as M. Gannal thinks, *even recovered*. (!) By Bourgeois, Bernard, Fermon and Richard, it is much lauded, and more particularly by M. Cottereau, in his cases entitled "Phthisis pulmonares;" and in a clinical lecture, by the celebrated Dr. Elliotson of London, reported in the London Medical Gazette for 1831, the inhalations of chlorine are highly commended. It is painful, however, amid so much favorable testimony,

to be obliged to record the unfavorable opinion of Dr. Stokes, of Dublin, who, in a clinical lecture, reported in the *London Medical and Surgical Journal*, 1834, informs us, that although in some cases the inhalations of chlorine "appeared to do some good, in far more they did positive mischief." Upon the whole, the value of chlorine in well-marked phthisis is far from being established, and all that can be said is, that it may be tried in cases in which it appears that the impotence of the ordinary resources of medicine is demonstrated.

Mess. Gannal and Cottureau have each invented apparatuses for its inhalation ; but perhaps a slow and steady disengagement of the gas in the apartment of the patient, is as good a way as any for its exhibition.

A few words on the mode of administering *liquid chlorine*. It must be chosen pure and fresh ; containing a volume and a half of gas ; and it should be given in sweetened water, or in some acidulated or mucilaginous vehicle, or in the form of pill made with crumb of bread. We must be careful to guard against associating it with any organic materials which are easily alterable, with cyanogen, ammonia, &c. ; and not to place the preparations which we make of it, and which should be taken at once, in metallic vessels. Our next paper will contain a notice of the therapeutic action of the chlorides, or chlorurets of the oxides, viz. potassa, soda, &c., the employment of which is attracting much notice abroad, and deserves to be more generally known.

*United States Medical and Surgical Journal.*

#### MEDICINAL PROPERTIES OF THE CREOSOTE.

FROM all accounts the creosote seems to be a potent, and consequently, under a judicious use, a useful remedy. A drop put upon the tongue causes very severe pain, and blisters the part ; even the epidermis is usually detached from a portion of the skin, moistened with the pure creosote.

The solution of it in water is the preparation which Reichenbach has chiefly employed ;—its strength may be made to vary according to the strength of the irritation required ; but in most cases a solution of one part of the creosote in fifty of warm water will be found most convenient. He has used it successfully in scalds and in burns, whether the epidermis has been detached or not ; in numerous cases of chronic herpes and impetigo, in itch, &c. When these cutaneous diseases are very obstinate, and resist the effects of the creosote solution, he is in the habit of applying the substance either directly and in its pure state, or mixed with lard, so as to form an ointment ;—under the use of this ointment, the pustules or vesicles very quickly dry and fall off. The period usually required for the cure varies from one to three weeks ; and as a matter of course, this must depend on the duration of the disease, and on the constitution of the patient. Several cases of troublesome, and sometimes apparently malignant ulceration are reported as having been cured by the creosote. Scrofulous ulcers are benefited by it in an especial degree ; and when there are any sinuses or fistulæ, no injection will be found so useful as water impregnated with the creosote. If the ulcers should be obstinate,

it may be well to touch the edges of them with the pure creosote ; but in most cases the application of pledgets of linen wet with the solution will be found sufficient. Tooth-ache may be often cured instantaneously by introducing a drop of it into the cavity of the decayed tooth. Even the mere gargling with the solution in water, will not unfrequently relieve the pain. The efficacy of the use of the creosote internally we should deem much more problematical, and especially in such a disease as hæmoptysis, for which it has been recommended ; the dose given was four drops rubbed up with lump sugar (it is not stated whether the four drops are to be given in one or in divided doses), and this was repeated for six or seven days.—*Bulletin Therapeut.—Med.-Chir. Rev.*

## CASE OF NYCTALOPIA—IDIOPATHIC.

BY EDWARD J. DAVENPORT, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

In the case of night-blindness, a brief sketch of which was given in the 26th number of the last volume of this Journal, the disease was partial in degree or incomplete ; that is, the patient possessed some power of vision when aided by artificial light : but in the subject of the present article, the blindness was total.

Neil Miller, seaman, a native of Sweden, thirty years of age, and in the enjoyment of perfect health. While at Rotterdam, two months since, he was suddenly, and without any apparent cause, attacked with night-blindness. Vision became obscured at dusk or soon after sunset, and in a short time he was unable to distinguish any object whatever. In the morning following, vision was restored, and continued throughout the day as perfect as it ever was.

At first the attack of night-blindness lasted for three successive nights, and then disappeared spontaneously, the patient not having had recourse to any remedies. In about five weeks afterwards, and while on his passage to this country, it returned as before, without any obvious cause, and has continued without intermission to the present time.

16th Sept.—His eyes presented a natural and healthy appearance ; examined by daylight,\* the pupils dilated and contracted readily ; the irises were of a light blue color. He stated that he had always enjoyed good health, and had not resided in warm climates, except for a very short period, when he made a voyage to the West Indies.

R. Hydrargyri Submuriatis, gr. viij.  
 Pilulæ Aloes et Colocynthis, gr. xvij.  
 Antimonii Tartarizati, gr. iv.

Misce : in pil. no. iv. dividend.

The patient was directed to take three or four of these pills† at once, and

\* N. B. His eyes were not examined by candle light.

† There appears very frequently in cases of nyctalopia, a remarkable torpidity of the stomach, or insensibility to the action of emetic substances. In some cases ten and fifteen grains of tartarized antimony, conjoined with or followed by a proportionate quantity of ipecac., have been taken without producing more than a slight degree of vomiting.

if no vomiting was induced in an hour, to repeat one or two pills, according to circumstances, until free emesis should have taken place.

The following morning he had prescribed a full dose of the infusion of senna, with sulphate of magnesia.

22nd Sept.—The patient reports that he took four pills, which acted favorably as an emetico-cathartic. Two hours after the action of the medicine, his vision was restored, and it has remained perfect since.

12th Oct.—Vision continues unimpaired, and he is about to resume his usual avocation, which he was disabled from pursuing in consequence of the nyctalopia.

I have considered this as an idiopathic case of Nyctalopia, because no derangement or disorder of any other part of the system was manifested upon a strict examination; but the decided benefit derived from the administration of remedies which are known to act chiefly upon the secretions of the alimentary canal and the viscera subservient to the process of digestion, would tend to show the existence of some derangement of those organs, which had escaped notice, and of which the patient himself was not aware.

*Boston, February, 1835.*

#### LOZENGES FOR HOARSENESS.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—It may not be generally known to the readers of your Journal that Lozenges made of sugar and pulverized cubebs (*Piper cubeba*) have the quality, when slowly dissolved in the mouth, of removing hoarseness and of rendering the voice clear—a fact of which singers have availed themselves with success, and which might perhaps be of service to public speakers. Allow me to propose a trial of its virtues in hoarseness arising from catarrh, sometimes an obstinate malady; and also in sore throat from atmospheric changes.

Yours truly,

D.

*Boston, February, 1835.*

The above lozenges may be found at the druggist shop of J. P. Preston, Federal Street, and other druggists.

#### BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 18, 1835.

#### A VALETUDINARIAN CHAIR.

MR. BENJAMIN W. HAYES, of Pittsfield, Mass. an ingenious and intelligent mechanic, has devised a chair, which we are inclined to suppose a very useful invention, a description of which accompanies this notice. Drs. Child and Parker, of that place, who are eminently well qualified to judge of its merits, have given their approbation, and recommend it to the favorable consideration of the profession. To have made the machine



better understood, a drawing seems almost indispensable, which we do not despair of receiving at some future time, when it will give us pleasure to advert to the subject again. In the mean time, if Mr. Hayes expects a compensation adequate to the time and labor he has devoted to the construction of what appears to be an auxiliary apparatus in surgical practice, he should not only place it in the hospitals of the principal cities, but call to it the attention of medical men through the appropriate channels of journals of science. His description of the chair follows.

I SEND a brief description of a chair designed for the sick, for which I have recently received a patent.

It consists of a substantial frame about 22 inches wide, and of suitable depth, height and strength; the back posts rising higher than the front ones, by an easy curve of the arm-pieces: the bottom part of the posts are plated out in front and rear, to sustain the balance of an individual when laid in a horizontal position; which is done by letting the back down to any given angle, which is made fast by a simple strap and buckle attached to the arm-pieces. The foot pieces are raised on a pivot at the seat, and made fast at any angle by a strap and buckle; a sliding panel is drawn out of the foot piece, making the bed of a suitable length; the head piece when the back is perpendicular, is turned up for a headboard when in a horizontal position. There are rollers in the bottom of the posts, on which a patient may be moved and rolled from one apartment or place to another. A pair of cross or cradle rockers are folded in to a horizontal, or pressed out into a perpendicular position by the simple movement of a strap on each side of the chair, making a cradle or rocking bed. A pair of side rockers, with a joint in the middle, are so contrived, that an individual sitting in the chair can, by a simple and easy motion of a short lever on the right side, press down the rockers, by doing which the whole is raised from the rollers, or cross rockers, into a common rocking chair. The rollers in the bottom of the posts are so arranged as to form a check to both pair of rockers, preventing the chair or bed from overturning; the foot piece is made in two parts, to be convenient for a lame or fractured limb; a foot board is also attached to supply the place of a common foot-stool. A light table is fitted to the arm-pieces, suitable for an eating, writing, or working table.

The whole is plain and simple in its construction, fitted for all the purposes of the nursery and parlor; adapted to all classes of invalids; easily changed into a great variety of positions to suit dropsical, asthmatic and rheumatic patients; cheap and of convenient size, light and portable. It is easily conveyed from one apartment or place to another, is well calculated for journeying with weak and feeble persons, affording a comfortable bed when needed by the way—well calculated for a hospital, surgeon's or dentist's chair, and not less adapted for all the ordinary purposes of a common rocking chair or a simple bed, in a private family or public office.

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#### LUNATICS IN THE UNITED STATES.

FROM the mass of curious statistical items gathered by the persevering industry of the Prison Discipline Society, the following table has been selected.

Assuming, says the writer, that the number of lunatics is as one to a thousand of the population, which is found to correspond very nearly with

facts, where they have been ascertained, it is to be presumed that the following tabular view of the number of insane, in each State, cannot be far from true.

	No. Insane.		No. Insane.
Maine . . . . .	399	Tennessee . . . . .	681
New Hampshire . . . . .	269	Ohio . . . . .	935
Vermont . . . . .	280	Louisiana . . . . .	215
Massachusetts . . . . .	610	Indiana . . . . .	139
Rhode Island . . . . .	97	Illinois . . . . .	157
Connecticut . . . . .	297	Alabama . . . . .	309
New York . . . . .	1,918	Missouri . . . . .	140
New Jersey . . . . .	320	Michigan . . . . .	31
Pennsylvania . . . . .	1,348	Arkansas . . . . .	30
Delaware . . . . .	76	Florida . . . . .	35
Maryland . . . . .	447	District of Columbia . . . . .	39
Virginia . . . . .	1,211		
North Carolina . . . . .	737		
South Carolina . . . . .	516		
		Total, 11,919	

In five or six States, there are private asylums, which may contain in all about a thousand patients. For the remaining ten thousand, nine hundred and nineteen, no suitable efforts are making for their restoration. It is a melancholy reflection, that between seven and eight thousand of these unhappy, unconscious, irresponsible fellow beings, are paupers—many of whom roam over the country, neglected and often abused, without exciting that active benevolence of feeling in the whole community, which is imperiously called for by this great multitude of wretched lunatics, who should all be housed, be fed, be clothed, and treated in the kindest manner at the expense of the States in which they have had a habitation.

#### SMALLPOX.

SINCE our last Journal was published, there has been some considerable excitement in the neighboring town of Roxbury, in consequence of the sudden appearance of several cases of smallpox among the Irish who are settled there. Unfortunately, two or three children were inoculated with smallpox matter by a member of one of the infected families; but as all the sick have been removed to a remote section of the town, and vaccination actively resorted to, there is every reason for believing that this alarming scourge will be circumscribed to very narrow limits.

Boston, in relation to this one disease, practises upon a most excellent system. Smallpox cannot exist in the city, as the patients are removed as soon as the character of the eruption is understood. So long as the Health Department is managed with the same promptitude and energy which has distinguished it thus far, strangers may walk our streets without the fear of contracting this horrible distemper. If the same efficient course were pursued in all the large Atlantic cities, the country would never be in danger from its sudden and alarming inroads.

*India Rubber Beds for Hospitals.*—The perfection to which the workmen carry the manufacture of India Rubber, in the vicinity of Boston, is very extraordinary. No one article in their catalogue of useful things would probably interest a surgeon so much as the *air beds*. Through a

tube in one corner, the tick is blown up by the mouth, to any required dimensions ; and when it is no longer wanted, may be so packed away as to be placed in a gentleman's hat. Being confident, from critical observation, strengthened by the assurances of Mr. Martin, the agent, that they will be economical, as it regards cost, and being fully persuaded they are not only really comfortable, but altogether superior to straw, flocks, hair, moss, feathers and the like, from the circumstance that they imbibe neither fluids or the perspirable matter of the body, we strongly recommend their adoption in every institution where such furniture is required.

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*Loss of the Sense of Smelling.*—By ROBERT J. GRAVES, M.D. "I had lately an opportunity of observing a very singular case of the total loss of the sense of smelling, occasioned by exposure to the effects of a very strong and disagreeable odor. Mr. —, formerly a captain in a yeomanry corps, was attended by Mr. Barker of Britain street and myself. He was affected with ascites, and in the course of conversation one day, mentioned that in the Irish rebellion of 1798, information was received by the magistrates, that five hundred pikes were concealed in one of the markets of Dublin, buried at the bottom of a large cess-pool, which was filled with the offscourings of the market and all manner of filth. He proceeded to the place, and superintended the work of emptying out the cess-pool, at the bottom of which the concealed arms were found as specified. During this operation he was exposed to the most abominable effluvia, and suffered greatly at the time from the stench. Next day he found that he had become entirely insensible to odors, and since that, now a period of thirty-six years, he has remained completely deprived of the sense of smelling. From this, it appears, that as exposure to very intense light may produce amaurosis, so exposure to intense odors may produce a corresponding affection of the olfactory nerve."—*Med.-Chir. Rev.*

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*Soot as a Substitute for Creosote.*—M. Bland, physician to the Hospital de Bancaire, relates several cases of successful treatment of obstinate cutaneous affections, including several cancerous ulcerations, with soot instead of the expensive article creosote. The lotion was made by boiling two large handfuls of soot in a pint of water for half an hour, and then straining it. This was applied four times, or oftener, in a day.

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*Head of the Illustrious Scarpa.*—Two things seem to have particularly struck M. Roux (query—the celebrated Parisian surgeon of that name ?) on his late Italian tour—the respect everywhere paid to the memory of departed greatness, and the ardor evinced for the pursuit of practical anatomy. Of both, however, he had rather an unpleasant proof in one instance. He was shocked, he says, at Pavia, to see the head of the illustrious Scarpa actually undergoing the process of maceration, in a vessel, along with other anatomical preparations !—*Med. Gaz.*

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*Maine School of Medicine.*—On Monday last, Feb. 16, the annual lecture term commenced at Bowdoin College. Dr. Childs, the Professor of Theory and Practice of Medicine, passed through this city, the last week, on his way to Brunswick. We have always been favorably impressed

with the operations of this school, and certainly wish the faculty a pleasant and profitable season. As it regards the students, they cannot be poorly taught by such men as now *fill the chairs* of the institution.

**Confluent Smallpox.**—In all cases of confluent smallpox, particularly when the surface of the body becomes denuded of large portions of skin, if Peruvian bark, finely pulverized, is sifted over the inflamed surfaces, once or twice a day, an invariable relief is afforded, and the prospect of recovery is always more favorable by thus allaying the extreme irritation.

**Medical School of Baltimore.**—From a recently received catalogue, it appears there are one hundred and forty-three students attending lectures. The term closes on the last day of February.

**Harvard University.**—The corporation of Harvard University have recently established a Professorship of Surgery. The statutes of the professorship were ratified by the Overseers at their meeting last week; and the nomination by the corporation of George Hayward, M.D. as Professor of the Principles of Surgery, was announced. At the meeting of the Overseers on Thursday last, the nomination was unanimously confirmed.

**Massachusetts General Hospital.**—Drs. Townsend and Doane have been elected Consulting Surgeons by the Board of Trustees of the Massachusetts General Hospital.

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TO CORRESPONDENTS.—H. F. and others were too late for this week.

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**DIED**—At Baltimore, Dr. William Donaldson, a distinguished member of the profession.—In Savannah, Geo. Dr. Moses Sheftall.

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Whole number of deaths in Boston for the week ending Feb. 14, 29. Males, 21—Females, 8.

Of infantile, 2—lung fever, 3—inflammation of the bowels, 1—old age, 4—intemperance, 3—consumption, 4—scarlet fever, 4—brain fever, 1—child-bed, 1—dropsy on the brain, 2—cholera morbus, 1—dropsy, 1—drowned, 1.

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## ADVERTISEMENTS.

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### TO PHYSICIANS.

An eligible country situation, for a medical practitioner, for sale. One desirous of purchasing, may obtain further information by applying at this office. Letters from applicants, post-paid, directed to the editor, will reach the advertiser without delay. Feb. 18.

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### PHILOSOPHICAL AND ASTRONOMICAL APPARATUS.

N. B. CHAMBERLAIN, No. 9 School St. Boston, manufactures Philosophical, Astronomical, Pneumatic, Hydrostatic, and Electrical Apparatus, Mechanical Powers, &c. of beautiful workmanship, designed for Lecture Rooms and public instruction in Schools, Academies and Colleges. Portable models of the Steam Engine, put in motion by a spirit lamp, afforded at a very reasonable rate, can be obtained at any time, by addressing the advertiser by mail.

Boston, February 4, 1835.

eptf.

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### MODELS OF THE EYE AND EAR.

BROWN & PEIRCE, 87 Washington Street, up stairs, manufacture beautiful models of the human Eye and Ear, for the use of students in anatomy and operating surgeons. The eye, particularly, is considered exceedingly useful, as the anatomy, and the philosophy of vision, are plainly demonstrated. The internal ear is magnified two feet in length, from the meatus internus to the external ear—giving a diameter of four inches to the semicircular canals. These models are the invention of Dr. J. V. C. SMITH, formerly Professor of Anatomy at the Berkshire Medical Institution. Jan 21—18

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THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy, gratis.—Postage the same as for a newspaper.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. XII.]

WEDNESDAY, FEBRUARY 25, 1835.

[NO. 3.]

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## DESCRIPTION OF THE ROYAL HOSPITAL FOR THE INSANE, AT PALERMO.

TRANSLATED FROM THE JOURNAL OF SCIENCE, LETTERS AND ARTS OF SICILY,  
BY W. TULLIDGE, OF FLORENCE, TUSCANY.

[Communicated for the Boston Medical and Surgical Journal.]

WHEN we are disposed to exercise our judgment, with due discrimination, upon any improvements in public institutions and useful establishments, it is necessary to wait for time to show the advantage of such improvements, and if the result may correspond with our anticipations. With these impressions, we have undertaken to discourse of, and to describe, the Royal Hospital for the Insane, at Palermo; an establishment for which we are indebted to the philanthropy and indefatigable zeal of the Baron Peter Pisani, whose efforts, combined with the means he has obtained from the generosity of our government, affords a certain guarantee for the benefits to be derived from his useful labors. In fact, if we had given a description, at any former period, we should not have been able to have done it with adequate justice to the establishment, nor to its philanthropic institutor and supporter, since the descriptions which have appeared do not, by any means, convey a just idea of its great utility.

A little more than half a mile from Palermo, upon the road which leads to Parco, rises now this magnificent hospital, which was at first only intended to receive patients who were natives of Palermo; but having been much enlarged, is now called the Royal Hospital for the Insane of Sicily. The building is decorated, externally, with simple and appropriate ornaments, and amongst others, an allegoric picture, painted in imitation of basso-relievo, in the upper part of the front, by the celebrated painter Rioli. On one side of the entrance, is the porter's lodge, and the courtyard, which is in the centre, and is decorated with a variety of ornamental plants, in vases. On the left angle of the court-yard, is the room for visitors, on each side of which is a parlatorium, one for the males and the other for the females, where they undergo an examination on their first admission, in order to ascertain the employments they are capable of, or may be made capable of, and to what class of the insane they belong, so that they may be assigned to such part of the establishment as may be suitably adapted for them—the meritorious patron having classified the insane patients into four divisions, and assigned to each of these their distinct portions, or departments of the building; namely—the *furious* class, the *melancholic*, the *tranquil*, and the *idiotic*.

Near to the room for the reception of visitors, is the Anatomical

Museum ; beyond the museum, in the same court-yard, are the rooms for the people who are employed to attend upon the insane ; on each side are bathing rooms, one for the men, the other for the women. On the left side of the magnificent stair-case, we pass to a large saloon, and on the other side to a kitchen and refectory. These parts of the building are alone designed for the accommodation of the men, as well as the women ; every other part being so arranged, and divided, that the females are all on the right, as we enter the building, and the males on the left. These apartments open to an inner court-yard, having a fountain in the middle, under two Gothic arches. The first wards, on each side of the court-yard, are assigned to the peaceable and tranquil class of lunatics ; next to these, and near to a small garden, laid out in the Chinese style, are the wards for the idiots ; the passage, which divides the inner court from the Chinese garden, leads into a large saloon, on the left, where the insane people are employed at the looms, and where more cloth is fabricated (of different qualities) by the insane, than is required for the various uses of the establishment. From thence, we pass to an interior stair-case, by which we ascend to the upper story, where is a spacious saloon, assigned to the melancholic lunatics. On one side of this saloon, is the infirmary for these lunatics ; and on the other side, apartments are fitted up in a secure manner, and adapted for the accommodation of such insane persons as are boarded at their own expense, or that of their friends.

Returning again to the principal court-yard on the left, is the grand stair-case, by which we ascend to the first story, assigned to those admitted *a pensione*. The first corridor is a common passage for such insane persons. On one side, is a saloon of recreation ; on the other, are various apartments, very commodiously fitted up. At the end of the corridor is the infirmary for the poor ; and near to this, is a room which opens to the church. This room is for the accommodation of the insane patients *a pensione*, in their religious duties. By another corridor, to the left, we pass to the opposite angle of the establishment, where are the apartments and a saloon for the convalescents. Further on is a magnificent saloon, painted with rural scenery, for the accommodation of the poor melancholic class of the insane. A third corridor, parallel with the first, comprehends other accommodations, where there is a communication from the first story, for the use of female patients *a pensione*. A fourth corridor, parallel to the second, conducts to the first, and thus the whole four corridors form a square. The fourth corridor opens to the internal part of the establishment, where are situated the apartments of the director, and also a strong room, softly cushioned, for the reception of insane patients who are subject to violent paroxysms of their malady, but of which no use has yet been made ; the plan of treatment, without coercion, having hitherto been found happily to succeed in the management of such patients, with whom the straight waistcoat is not required, since the new method of management, adopted by the Baron Pisani, has been found to answer much better for the furious class, even when subject to their violent accessions. This method consists in the use of a cradle of suspension, where the patient being well secured, to prevent him from falling or attempting to jump out, is gently rocked, or swung,

until sleep comes on, and, as it invariably happens, the patient afterwards becomes cool and composed.

All that part of the building, above described, is comprehended within the boundaries of one, which had fallen into decay, and has thus been rebuilt. We now proceed to give an account of the buildings which are entirely new, and adjoining to the other. By a second entrance, opposite to the outer gate, we come to a spacious court-yard, the surrounding walls of which are ornamented with very pleasing pictures, in fresco. Passing on to the right hand, there is a rectangular space, which is bounded on two sides by the new buildings, and on the sides opposite to these by iron gratings. The rooms, to the number of twenty, on the two sides of the new buildings, are appropriated for the habitation of the furious class of lunatics. In the middle of the court-yard there is a fountain, surrounded by a double row of umbrageous trees, with stone seats, at proper distances, and all so arranged as to render the place at once cool, pleasant, and refreshing. In the same order, on the left hand of the new buildings, are the apartments assigned for phrenetic patients. Besides these, there are two large saloons, in that part of the new which adjoins the old buildings; one of these is for the tranquil class of patients, and the other for the idiots. There is a garden adjoining this part of the premises, abounding with fruit and culinary vegetables, with a fountain in the midst, and a spacious tank, large enough for the men to exercise themselves in swimming. The abundant supply of water, the fertility of the soil, and the industrious labors of the insane people, have all contributed to the superb products of vegetation. At the lower part of the garden is a small Greek theatre, elegantly constructed, and is entirely the work of the insane. Over the porch is an inscription in Greek and Latin, in testimony thereof.

THE INSCRIPTION.

ΤΟΥΤΟ ΤΗΣ ΣΟΦΙΑΣ ΔΙΑΔΕΚΑΛΕΙΟΝ ΟΙ ΑΦΡΟΝΕΣ  
ΕΚΤΙΣΑΝ.

Within the theatre, the following is inscribed on the walls.

*Affabre quod mirum  
Ab imperitis ipsisque Dementibus  
Estructum  
Anno 1829.*

We are not less disposed to admire the finished and perfect manner in which this edifice is erected, than the genius and design so happily conceived by the Baron Pisani—the simple style of the fabric being so suitable to the laborers employed. But the most interesting part of the subject remains to be described; namely, the physical and moral management employed so ingeniously, and with so much success, by the Baron, and by which means the cure of those maladies, hitherto generally considered to be incurable, is frequently effected.

The worthy Baron, being guided by the force of his own genius, and by the result of experience, which in a few years he knew how to acquire and mature to such a degree, that it might be imagined he had spent his life in the study and meditation of hospitals for, and the management

of, the insane, and such as are so afflicted, is accustomed to view these, in whatever degree or class they may belong, in every respect as children, and instead of the barbarous and rigorous treatment, so generally had recourse to, a mild and gentle system of management is adopted, with a certain portion of time to be employed in labor, with such occasional recreation as is requisite to the infirm state of the corporeal functions. But the moral means is still more important, in the plan of treatment pursued, with which many eminent physicians have concurred ; and amongst others, it is satisfactory to refer to the writings of Signor Raol Rochelle, who has observed, that " surveying the generality of these unhappy lunatics, I coincide entirely with the opinions of the Baron Pisani, and am a partizan for the moral mode of treatment, instead of the violent modes of coercion hitherto employed." With regard to the corporeal diseases to which the insane are subject, in common with those who are not afflicted with mental maladies, the Baron leaves the medical treatment of such diseases to the physicians.

That the effects of the moral system employed, at this establishment, correspond fully with the wise and beneficent views of its excellent founder, are fully corroborated by facts. Independent of the many lunatics, of both sexes, who have recovered, and reacquired the use of their rational faculties, of which they had been so miserably bereft, how consoling it is to humanity to observe those, in whom the mental disorganization admitted not the possibility of cure, rendered as comfortable as their state will admit, being protected and sheltered from the inclemencies of the seasons, supplied with a wholesome diet, and, when they may be subjected to the more violent accessions of their unhappy malady, are guarded from injuring themselves or others, and thus secured from the wretched lot to which so many in their state are exposed. And we cannot at the same time avoid reflecting, how many, suffering from indigence in society, would exchange their liberty, embittered with trouble and sorrow, for the condition of a maniac in the Royal Hospital for the Insane at Palermo ! The pleasant situation of the place, the continual sources of amusement and recreation, the kind and benign treatment, all concur, in a striking and remarkable degree, towards the cure of the insane, by diverting their minds from the train of thought which had produced the affliction. One of the most common symptoms, in every species of insanity, is undoubtedly watchfulness ; the daily occupations, and the other exercises of the body, in the manufactories and in the various improvements and embellishments of the hospital, are found to be attended with the most salutary effects in obviating this symptom, by inducing a certain degree of fatigue. Some people, in observing such a superfluity of ornaments, which appear to indicate luxury, and the labor that these must have cost, may be disposed to consider such labor misemployed ; but it has been found that the variety of amusements such occupations afford, is very conducive to the cure of the malady, so that these ornaments may be regarded in no other light than as the results of part of the plan of treatment which the Baron Pisani has pursued with so much success. It is therefore probable that these ornaments will go on increasing, until every angle of the buildings will present, to the curiosity of visitors, some eccentric or elaborate workmanship, by the hands of



industrious lunatics ; and besides this, the habits of industry and application, thus acquired, the worthy Baron has with much discernment turned to a profitable account, by increasing the resources of the establishment. Putting facts to the proof, by comparing the annual income, from its foundation, with the expenses disbursed for the maintenance of the insane, the value of the products of labor will be found very considerable, independent of the buildings, and improvements of the hospital itself.

On festival days, the amusements of music and dancing are substituted for labor, and these changes have been found also to concur to the happiest effects.

This plan of treatment, so efficacious and humane, for the cure of insanity, is a proof of the superior mind of him, under whose directions it has been carried into effect ; and although it would be very difficult to find such an estimable person to superintend similar establishments, the plan here described will be found more and more advantageous and satisfactory, as it is judiciously employed. The labors and ingenuity of the worthy Baron may thus, in some measure, be imitated ; but who, we may ask, will imitate the indefatigable constancy with which he has pursued his painful and arduous undertaking ? His zeal and anxiety for the great work he has created, instead of cooling or abating by time, goes on increasing, and exciting the admiration of those who know the nature of such duties and employments ; and we cannot be surprised at the sentiments expressed by particular friends, or the praises of his fellow citizens, as well as those of strangers residing amongst us, and travellers who have visited the establishment. Amongst others, the Duke of Buckingham, in a complimentary letter to the Baron, says, " The annals of your country will place your name in the rank of the illustrious Howard, and amongst the heroes of humanity, who are the finest ornaments in the history of the world." In May, 1832, when the Senhor Hunckler directed the attention of the Representative Council of Geneva upon the condition of the insane, the journal called the *Federal*, amongst other observations about this establishment, and its Director, says, " Although the internal management of the hospital merits the highest attention, that, however, which distinguishes this hospital particularly, are the means employed in the treatment of the insane—and above all, the laudable zeal with which the Baron Pisani has dedicated all his attention, and has fully merited to have his name enrolled amongst the benefactors of humanity." In June, 1832, Baron Ende, a distinguished personage in the service of the Court of Baden, addressed a letter, containing a most flattering eulogium, to the Baron Pisani.

When we observe the remarkable degree of neatness and cleanliness, which is so conspicuous in every part of the establishment, this might appear to be the effects of compulsion, and with a view to ostentation ; but the fact is otherwise, for by the good regulations adopted, cleanliness is become a kind of instinctive or natural feeling with the insane people, more so, even, than with those who are employed to superintend them, so that this part of their labor is quite voluntary.

Some years ago, it would have been difficult to have found in Sicily, or elsewhere, any public hospital or asylum for the reception of lunatics, which would have been visited without exciting very painful feelings in

those who possessed any sensibility for the evils and sufferings of their fellow creatures ; but we have now no hesitation to assert, that the most compassionate may visit this hospital, without having any painful impression, except such as may arise from natural sympathy, which must be at the same time mingled with satisfaction that such an establishment has been found, and such an excellent mode of treatment adopted, by which these evils of humanity are so efficaciously succored and diminished. We have had testimony to this effect, from the Marquis Gargallo, who in a letter to the Baron Pisani, published in the Scientific and Literary Ephemerides of Sicily, after having stated his constant and almost unconquerable aversion to visit such establishments, when he had entered this, said, that however predominant this feeling was, on his first entering the place, his satisfaction at being so agreeably undeceived was proportionally increased, even to admiration.

#### ADIPOSE LINT.—FUNCTION OF THE UTERUS, &c.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—In answer to a query appended to a brief communication of mine in your valuable Journal, I would assure you that you did not *misread* the manuscript, and that I do not at once feel disposed to retract the use of certain terms. By *adipose* or *fatty lint*, however, I intended nothing more than a species of pessary made of lint, and an ointment suited to the abraded surface of the *labia*. The adhesion in the case mentioned in my communication, was certainly not formed by the *scarf skin*, but by the cellular texture of the *rete mucosum*. I trust that my own, and the future observation of others, will confirm the statement.

Whilst my pen is in hand, I would suggest a few thoughts which have arisen from reading the essay in your Journal on the use of the *Ung. Hydr. Fort.* in *Erysipelas*. The writer of that essay may have had sufficient experience to make still stronger assertions, but I am disposed to consider the remedy he proposes a very uncertain one. A diligent use of the *sugar of lead* (and none but a diligent use will answer the purpose), in which there is an *incessant evaporation* kept up, has scarcely ever failed of a cure. *Ice water* perhaps would do as well, the object being to bring about a *reduction of temperature*. The speediest remedy, however, is a *blister*, put upon the *advancing surface*, and the sound skin contiguous. The *sugar of lead* and the *blister* are considered preferable to the solution of *opium* recommended by Dr. Physick ; although a query arises whether the solution of opium does not operate by way of *evaporation*. The *ung. hydr. fort.* it is well known is not characterized by *evaporation*.

Before I close, at present, I would suggest to your numerous correspondents, whether there is not a sort of *peristaltic*, or *musculo-nervous* action, put on by the *vagina* and *uterus*, whereby the *semen* of the male is taken up from the *vagina* by the *uterus*. In two cases within my knowledge of *prolapsus uteri*, a *pessary* of *bark* was employed, and the *bark* found in the *uterus*, although the *pessaries* were only inserted in the *vagina*. I am persuaded, dear Sir, that the action alluded to exists,

and constitutes an essential part of generation, and that whether it be called a *peristaltic*, *musculo-nervous*, or *fibrous* action, I should be pleased to see the subject thoroughly canvassed by some one or more of your able correspondents.

H. F.

Longwood, Va. February 8, 1835.

*Note.*—The suggestion made in the last paragraph is worthy a physiological examination. Any remarks, therefore, from professional gentlemen, tending to elucidate a subject which has always been involved in obscurity, but which seems to have incidentally attracted the observation of our respected correspondent, would be exceedingly prized by those who are desirous of fully understanding the functions of the organ.—ED.

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## CASE OF NEBULA OR OPACITY OF THE CORNEA OF THE SLIGHTEST DEGREE.

BY EDWARD J. DAVENPORT, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THE rapidity with which nebulous opacities of the cornea, even when of long standing, sometimes disappear, is truly astonishing. And it has been well remarked, with reference to their treatment, that the remedies both general and local which have been found most beneficial in removing opacities or specks of the cornea, are those which operate in reducing the ophthalmia in which the opacities have originated. I beg leave to offer the following as a brief, although striking case, in confirmation of the above remarks.

Miss F. M., 24 years of age and of a full habit, applied March 28th for dimness of vision of the left eye, stating that she was attacked suddenly and without any apparent exciting cause, with severe headache, felt, however, more particularly in the neighborhood of the left eye. The attack occurred in the night, and upon rising the following morning the left eye was found to be inflamed, and the power of vision was considerably impaired. To use her own expression, she seemed to view objects as if they were enveloped in a thick mist or cloud. The violent pain and distress in the head was not experienced from that time, nor was the eye painful; there was, however, some epiphora upon exposure of the eye to the light, but she was chiefly induced to apply for medical aid from the dimness of vision, which had not at all diminished.

The vessels of the conjunctiva of the sclerotic appeared moderately injected; the whole cornea presented a dull hazy appearance, the corneal conjunctiva having lost the lustre and transparency of the healthy eye; besides which, the cornea in some parts in which the opacity was more dense, had a bluish white or milky appearance, as if from effusion between the lamellæ or into the substance of the cornea. An active cathartic was prescribed to be taken immediately; after which a few leeches were directed to be applied to the temple, and the eye to be frequently bathed and fomented with warm milk and water. A mild ointment was also advised to be applied to the margins of the eyelids at night to pre-

vent adhesion and consequent irritation of the eye. Three days afterwards this patient returned to say that the vision of the affected eye was entirely restored.

A slightly astringent and stimulating collyrium restored tone to the vessels of the conjunctiva, and tended to prevent a relapse.

*Boston, February, 1835.*

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## BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, FEBRUARY 25, 1835.

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### THE UNITED STATES MARINE HOSPITAL, AT CHELSEA, NEAR BOSTON.

AN Act of Congress was passed July 16th, 1798, making provision, by laying a tax of *twenty cents* on each month's wages, for the temporary relief of sick and disabled seamen, in public or private service. The supervisor of the revenue appears first to have had the charge of providing for their relief; and accommodations were procured for such seamen on Castle Island, in the harbor of Boston, for the port of Boston and Charlestown; and Dr. Thomas Welsh, who had previously been employed by the Secretary of War, to attend to the sick soldiers at said island, and the sick of the recruits then raising at Boston and its vicinity, was appointed physician of the Marine Hospital, by the Secretary of the Treasury, June, 1799. On the 21st of February, 1800, Gen. Lincoln, the collector of the port, transmitted to the Secretary of the Treasury regulations proposed by Dr. Welsh, for the hospital at Boston, which were approved by the President.

Dr. Welsh was superseded by the appointment of Dr. Charles Jarvis, who took charge of the institution when the patients were removed from the island to the building erected for them in Charlestown, on the 1st of January, 1804. The Marine Hospital in Charlestown, built of brick, was 100 by 40 feet, two stories and a basement; was accommodated with kitchen, a spacious hall, and 19 rooms, with a garden spot of five acres; the average number of patients about thirty.

In 1827, a scite for a new hospital having been obtained in Chelsea, with ten acres of land, a rough stone building was erected, one hundred and five by fifty feet, two stories above the basement, with wings for the accommodation of the steward and physician; into which hospital the patients were removed Oct. 1st, of that year. Dr. Jarvis continued physician and surgeon until his decease, in 1808, when Dr. Benjamin Waterhouse was appointed; he was superseded by the appointment of Dr. David Townsend, in July, 1809; Dr. Townsend continued physician and surgeon until his decease in April, 1829, assisted in the decline of life by his son, Dr. Solomon D. Townsend. Dr. Charles H. Stedman was appointed soon after Dr. Townsend's decease, and continues to the present time, 1835.

Benjamin Beal was the first steward, when the patients were accommodated on the island, and continued until 1808, when John Bullard was appointed. He continued about one year and a half, when in September, 1809, Capt. Adams Bailey was appointed, who continued in that trust

until July, 1824, and at his decease Col. Charles Turner was appointed, who still remains.

By the politeness of the last-named gentleman, we have been furnished with the following concise statistical paper, for which we acknowledge ourselves greatly indebted,—and particularly so, as the facts most desirable and interesting to medical men, in relation to the internal regulations of the hospital, could not have been procured from a more satisfactory source, without asking a favor which could not be complied with on account of a previous engagement.

The Marine Hospital, at Chelsea, is under the immediate care of the collector of the ports of Boston and Charlestown. A physician and surgeon is appointed by the President of the United States; all the other officers, or assistants, are appointed by the collector, who is agent for the institution.—A steward, charged with the procuring of such supplies as may not be otherwise provided, and with the safe keeping and issuing of all supplies; and who shall preserve order in the hospital.—A principal nurse, to take care of the wards, beds, bedding, and clothing of patients, keep the utensils in neat order, and observe economy in her department; to prepare tea, drinks, and all light messes. An additional nurse may be employed for every ten patients, if necessary; only two male nurses have been permanently employed, though some occasional additional temporary nursing has been procured. The steward's wife is general directress.—One cook and one laundress, females, who are assisted by the scavenger and house-cleaner. Each female has her particular business assigned, and particular apartments to keep clean and in order.—Two laborers to do all the necessary labor of preparing wood in winter, doing all the farming and gardening in summer; to attend to all marketing, and preparing all provision for cooking; distributing, with the assistance of the scavenger, the provisions to the convalescent room, and to the wards of all such as are unable to resort to the general table; and any other labor required. A scavenger and an house-cleaner, to assist the cook and laundress, and clean the whole house, by washing, &c. twice a week, and any other service as required.—Two male nurses; on some occasions an additional nurse has been employed. Their business is principally, under the direction of the physician, to attend to the reception of patients; to report the names of such as are admitted, to the steward; to see all accommodated with beds, &c. and made comfortable; to administer medicines, agreeably to the physician's directions; to keep the dispensary clean, and all its utensils, and do other duties incident to the business of nurses.

No person employed in the institution is to use any profane, abusive, or indecent language to any person, inmate or patient, but to treat all patients alike, and with that attention which suffering humanity demands. No ardent spirits are used by any person employed, or by patients in the hospital, except by direction of the physician, for medical purposes.

A dinner list, so called, containing the names of all patients, and the number of the wards in which they reside, is presented to the physician daily for revision and alteration, and each patient served with the provision assigned to him.

All the bread (except crackers) made use of, is baked in the hospital, by the hired help.

Ten acres of land belong to the institution, a part of which is used for a garden, in which is produced considerable summer sauce, and about all

the potatoes necessary for the year ; hay is also produced sufficient to keep the horse belonging to the establishment, which horse, with necessary carts, plough, and tackling, is used to cart all wood from the wharf, bring from Boston all articles for the hospital, &c.

Have on an average raised and killed, annually, about 700 pounds of pork, and salted sufficient for the hospital use. In 1834, the three hogs killed weighed 1300 pounds ; salted 790 pounds, made bacon of the legs and shoulders, made sausages, &c.

The hired laborers dig graves, and inter the deceased. Boards are purchased, and a carpenter employed by the day at \$1,25, to make coffins, as well as to perform the needful repairs, &c. No other expense is incurred for burying the dead.

We have before us a tabular statement of the number of patients, deaths, the expenses of the institution, &c. for the last 22 years,—from which it appears that the whole number of patients transferred from one year to another during that time, was 822; number admitted anew, 8348; whole number accommodated, 9170 ; average number of patients yearly, 417 ; whole number of deaths, 533 ; average number of deaths, yearly, 24½ ; number of deaths compared to number discharged, 1-17¼ ; gross sums collected, \$147,986 37; total amount of bills, \$157,275 85. During the year 1834, the number transferred from former years, was 47 ; admitted, 578 ; provided for, 625 ; deaths, 29; gross sum collected, \$9,024 12 ; steward's hospital bill, \$7,232 22—physician's salary, \$1,000—paid for medicine, \$442,72—total amount of bills, \$8,675 68. The average number of patients daily during the last year, was nearly 53 ; the average number during the fourth quarter of the year, was nearly 65.

From 1813 to 1821, inclusive, the expense exceeded the amount collected in the ports of Boston and Charlestown, \$22,567 95.

In 1821, the Secretary of the Treasury issued a circular, directing all insane and incurable patients to be discharged, and prohibiting any remaining in the hospital more than *four months*, and directing that the expense, in any one year, should not exceed the amount collected in the port for that year.

From 1822 to 1832, inclusive, the amount collected, exceeded the sums expended, \$7,317 21.

#### LONGEVITY.

NOTWITHSTANDING the positive evidence of the great age to which individuals have attained, a doubter has made his appearance in a foreign journal, and questions whether any man has lived beyond one hundred years. Now it is certain that the venerable Dr. Holyoke, of Salem, Mass. on his hundredth birth-day, dined with the physicians of this city and Salem. It is also certain that Francisco, of Whitehall, Vermont, lived to be one hundred and thirty-six years old. It is certain that Jacobs, a peasant, at the age of one hundred and twenty years, travelled on foot, from the Jura Mountains to Versailles, to thank the national assembly for relieving him from the feudal yoke. He was received by all the members standing and uncovered, and they made a collection for him on the spot, of two thousand, two hundred and twenty two dollars and twenty-two cents. It is also certain that in October last a man died at Polock, in Lithuania, at the patriarchal age of *one hundred and eighty-*

eight. He had seen seven monarchs in Russia, and had served under Gustavus Adolphus. When Donald McDonald was one hundred and seven years old, he gave the editor of this Journal a minute account of Braddock's defeat: he was a common soldier at the time, and had a vivid recollection of all the circumstances. But it is useless to cite instances of individuals who have attained such astonishing longevity, to convince the writer alluded to of his error in supposing that there is some mistake in reckoning, where over one hundred years are allowed a man in his age.

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#### POISONING BY ARSENIC.

Mrs. CLARA ANN SMITH, a widow lady, residing in the city of Bristol, died and was buried one year and four months ago the 24th of December last, when some suspicions were excited that something was not right in relation to her sickness. The body was buried nine feet deep. Though from being in the water, which had oozed into the coffin, it was considerably altered, and converted, in part, into adipocere, the stomach and intestines were in an extraordinary state of preservation, which is now discovered to be invariably the case when arsenic is received into these organs. Mr. Herapath, an accurate chemist, at once discovered, by various tests, that the lady had been inhumanly poisoned. A Mrs. Burdock was arrested, and after a trial of five days the jury returned a verdict against her of *wifful murder*. The object of relating this curious circumstance is to induce surgeons to be watchful in examining the bodies of persons who have been for a long time interred—particularly if they have in view a chemical analysis of the contents of the stomach. If arsenic, the most common agent in the hands of insidious murderers, has been administered, the fact simply of finding the membranes of the stomach and bowels undecayed, even after being but a few months under ground, presupposes in almost every instance the presence of this deadly poison.

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#### CLINICAL SURGERY.

A FEW weeks since, mention was made of the appointment of Liston, the celebrated Edinburgh surgeon, to the professorship of Clinical Surgery, in the University of London. On the 20th of December, he made his début before an audience—strangers to him—but his reputation was enough to congregate an assembly before which any man might be proud to speak. The introductory discourse, among other new and interesting medical matter, is on the table before us. Deeply interested as we are in the success of the man, in the new and troubled theatre of action to which his merit has called him, we confess our disappointment in the lecture. It is wanting in dignity—is burdened with apologies, lacks order, and, as a whole, would be unfavorably received in a medical school in the United States. In his lectures on surgery, he is at home—and when he begins to talk of his experience, we shall give a transcript from time to time of his lectures.

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*Fevers.*—Why do not our correspondents have more to say upon the subject of fevers, that great class of diseases which are so formidable and destructive in this country? Essays would be exceedingly acceptable. Usually, writers on fevers have been too heavy. In order to convey the

greatest amount of practical information, one page is always better than ten, for the obvious reason that the first would be read and remembered, while the last would discourage Hippocrates himself, on account of its bulk and prolixity.

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*Irish Moss.*—As this is becoming an important article in domestic economy, and particularly useful in hospitals, it may perhaps oblige those who gather it on rocky beaches here at the north, at low tide, to be informed that the true method of bleaching it is to throw the moss into fresh water, before it becomes dry, after being taken from the ocean. In about twelve hours it may be taken out, washed in clean water, and then spread in the sun. Such pieces as retain the reddish hue, when dried, should again be put in water, and the process repeated till the whole becomes of a dingy white color. If the maceration exceeds about twelve hours, it generally proves injurious to the article, as the sprigs drop into small pieces, and moreover lose considerable of their gelatine.

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*New Mode of Preserving Anatomical Preparations.*—After the varnish has become thoroughly dried, which is usually employed in finishing injected preparations, place in the cabinet where they are kept, a common onion, which is thought to defend them against the depredations of vermin. At all events, the suggestion is worth the trial in extremely warm weather, when medical museums are generally most preyed upon.

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*Vermont Clinical School of Medicine.*—It will be recollected this institution is located in the beautiful village of Woodstock, the shire town of Windsor County, twelve miles from Windsor, and eighteen from Dartmouth College in New Hampshire. Preparations are making for an unusually interesting course of lectures, the ensuing term. Dr. Palmer is an indefatigable man, whose character and usefulness, in connection with the school, have been widely extended.

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*Vermont Academy of Medicine.*—In future, two courses of instruction are to be given in this institution, located at Castleton. The spring term, beginning the second Thursday of March ensuing, will continue fourteen weeks; and the autumnal, on the second Thursday of August—and will also continue fourteen weeks. For both, the fee is forty-five dollars; graduation, sixteen; and a matriculating ticket, three dollars.

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*Surgical Instruments.*—We have received Mr. Weiss's catalogue of instruments manufactured in London, which, from the circumstance that it embraces all which have been recently invented, is an excellent guide in making purchases. It is doubtful whether many of the articles, indispensable in operations in the European hospitals, have found their way to this country. The screw lithotrite, to which is appended the dynamometer, is certainly unique, and should be manufactured by our instrument makers, as no surgeon, we apprehend, would be willing to trust alone to his judgment, when it is possible to have a self-registering guide that invariably gives not only the exact dimensions of the stone, but also shows by an index the progress which the gripe of the lithotrite has made.



**Mr. Wakley.**—This sarcastic, fearless and despotically inclined reformer, is annoying Sir Henry Hallford, Mr. Brodie, and some other pets of monarchy, in a manner *sui generis*. *Intercepted Letters*, as his editorial barpoons are called, undoubtedly irritate and vex the respectable gentlemen at whom they are thrown; yet, after all, it is doubtful whether one single point is gained in the clamorous call for medical reform, by the abusive course which has invariably been resorted to in relation to these favorites of fortune.

**Smallpox.**—Owing to the culpable neglect of people in the country to avail themselves of the positive preventive, vaccination, the smallpox is very frequently making its appearance the present winter. There appears by exchange papers to have been some cases in Vermont, at New Boston, N. H. and at Plattsburg, N. Y. on Lake Champlain. In the city of New York, which might be kept perfectly free from it, there has been a lamentable prevalence of this frightful malady.

**French Hospitals.**—M. Cloquet, having been appointed to the new clinical hospital in Paris, a vacancy was created in the *Maison Loyale Santé*, and the place has been claimed by the physician of the institution, who seeks, as a right, to be the surgeon. The council general of hospitals referred the matter to the minister of the interior, which roused the surgeons of the bureau central, a body chosen by concours, to remonstrate, because the new appointment, according to law and usage, should have been made from their body. Dupuytren, Lisfranc, Sanson, and many others, whose reputations are well known in America, join hands with the bureau in demanding justice. How the affair will terminate, we have no means of knowing; but in the present state of excitement, it is very apparent that the whole body *des medecins de Paris* have caught that strange English infection which makes all doctors disagree.

**Gratuitous Medical Lectures.**—Since the close of the lecture term in Boston, a few weeks since, the faculty of the Mason Street College have been giving gratuitous lectures, several times a week, to such students as have chosen to avail themselves of this generous labor of love.

**Going abroad for Information.**—If American students of medicine would learn all that is to be learned of some of the ablest instructors in our country before going to Europe, there would be some sense in making a voyage in search of knowledge. It is opined that a vast many who go ostensibly for the purpose of treading the hospitals of Paris and London, see stranger sights than surgical operations, which occupy none too much of their thoughts in the gay cities of the old world.

**Agues.**—We find—says Dr. Thompson in his third lecture at the new University Hospital—that agues occur most frequently in foggy weather; a circumstance which I am induced to refer to the evolution of much hydrogen during such a condition of the atmosphere; and we learn from the experiments of Sir John Leslie, that the process of cooling proceeds more rapidly in hydrogen gas than in atmospheric air.

*Mercurial Inunction in Erysipelas.*—I do not see—remarks Dr. Laughlin, of the West Lock Hospital, Dublin, under date of Dec. 16—what advantages mercurial inunction possesses over remedies before in use. On the contrary, it appears to me that even when it does perform a cure, the consequences which may at one time or another arise from its well-known effects, will be as bad, if not worse, than the original disease.—Our correspondents will confer a favor by giving us the results of their observations on this mode of treatment.

*New-Born Children.*—When you are called to administer aid to new-born children—says M. Magendie to his class, in the lectures which he is delivering at the French College—in a state of asphyxia, either from protracted labor or any other cause, be particularly on your guard not to inflate the lungs too violently, as many attendants are in the habit of doing, or you will run the greatest risk of destroying the little patient by annihilating the elastic property of the lung, and rendering the organ totally unfit for the purposes of respiration.

*Organization* is, as it were, a crystallization, which has a tendency to assume a vesicular form, and produces a cell which is capable of absorbing the gases necessary both for its own vesicular development, and for the reproduction of others which are similar to it.—*Raspail.*

*Prophylactic against chapped Nipples.*—In Rust's *Magazin fur die Gesammten, Heilkunde*, Dr. Strahl recommends the following preparation as a specific against this painful and distressing affection. Those who have had much experience in such cases, will be glad to be possessed of a remedy which promises so much.

R. Nuc. Gallæ. 3vj.  
Vin. Alb. 3vj.

Digest with a gentle heat for twenty-four hours. Compresses immersed in the liquid should be applied to the breast three or four times a-day, beginning as early as the sixth month of gestation, and continuing it to the full term.—*Archives of Medical and Surgical Science.*

*Artemisia Vulgaris in the Convulsions which take place during the period of Dentition.* By DR. BIERMANN.—Dr. Biermann attributes the convulsions which occur at this period of life to a combined psychological and corporeal hypersthenia, which gives rise to a preternatural degree of erithism of the nervous system, and of the brain in particular. To remedy this condition, which often terminates fatally, he determined to try the *artemisia vulgaris*, or mugwort, which had been previously employed with the most happy effects by Burdach, and Gittermann, in other affections which depend upon a state of irritation of the brain,—as for example, in epilepsy. The result realized his expectations, and he has since continued to employ the remedy with signal success. To children of a year old and under, he administers the powdered root, in doses gradually increased, from half a grain to two grains, repeated every hour. This precaution he thinks necessary, in order not to extend the effects of the remedy beyond what are necessary to remove the cerebral irritation. In

children over one year old the same care need not be observed, and the article may be given in doses of one or two grains every hour. In either case he remarks that three doses will generally suffice.—*Hufeland's Journal für Praktischen Heilkunde*.—*Gaz. Med.*

*Preservation of National Physiognomy, in spite of Time, Climate, and Intermarriages.*—The first article in the *Phrenological Journal*, No. 42, is an analytic review of an essay by Dr. Edwards of Paris, entitled, "The physiological Characters of the Races of Mankind considered in relation to their History." The essay itself is manifestly one of great learning, ingenuity, and interest, and is designed to show that races will invariably preserve characteristic features of persons, however ancient their origin. Thus, in the exhibition of Egyptian antiquities brought by Belzoni to London some years ago, and which were at least 3000 years old, there were figures of Jews depicted in procession on a royal tomb, so perfectly Jewish in complexion and physiognomy, that Dr. Edwards declares that they might have been regarded as portraits of Jews whom he had seen the previous day in the streets of London. We can verify, that his remark is most just. Egyptians, negroes, and Persians, exact images of the generation of those people now existing, were also exhibited in distinct processions on the same piece of antiquity. So in the "Last Supper" of Leonardo da Vinci, an excellent naturalist and observer, faces exist which were painted 300 years since, for which the Jews of 1834 might have sat. How sternly has nature resisted the effects of climate here! The fact settles an important question.—*Lancet*.

*Organ of Language.*—Article 3, in the above-named work, is the translation of a case from the *Encyclopedie Methodique*, in which a blow on the vomer was followed by a temporary inability to pronounce the words desired by the party stricken. "I heard," says the patient (a medical man), "what was said to me, and thought what I wished, but I pronounced other words than those which could express my thoughts, or if I began I could not finish them, but substituted other words for them. Nervous filaments pass from the brain, and enter the nose through the cribriform plates. Perhaps these received a shock from the blow, which was transmitted to the brain." The phenomena (says the editor) are inexplicable except on the principle that the brain is an aggregate of organs performing different functions, and the shock was imparted (by its situation) to the organ of language.—*Ib.*

*Tetanus cured by Prussic Acid.* By Dr. ERLUND.—A stout robust man was attacked with tetanus and trismus, after exposure to cold, which was allowed to continue a fortnight before a physician was called. He was treated at first by repeated bleeding, cathartics of calomel and jalap, blisters and the warm bath. The prussic acid was then administered to the amount of twenty to thirty-five drops per diem, and was productive of a very marked effect. The spasms ceased at first about the neck,—then in the extremities, and finally in the muscles of the jaw. It should be remarked, however, that mercurial frictions were employed at the same time, and pushed to the extent of salivation. Previously to resorting to the acid, large doses of opium had been administered without any benefit.—*Medicinisches Chirurgische, Zeitung*.—*Gazette Medicale*.

**London University.**—We have heard it currently reported in this country, and we believe the report has been by many accredited, that since 1831, the medical department of the London University has been regularly on the decline. The following statement taken from Professor Lindley's address, will show that the reverse is true. The number of students entered in 1831 was 248 ; in 1832, 294 ; in 1833, 353. A hospital, with accommodation for 125 beds, is being opened in connection with the institution, and Mr. Liston, of Edinburgh, has been appointed Professor of Clinical Surgery.—*North American Archives.*

We have recently had an opportunity of examining a remarkably convenient and complete apparatus, invented by Lemuel B. White, of New York. It is so constructed, that it may be employed as a stomach or breast pump—a cupping and enemata apparatus, or for the purpose of distending the bladder with fluid, and again withdrawing it. Notwithstanding the extensive application of which it is susceptible, it is so extremely simple in its construction, and especially in the arrangement of its valves, as to render it but little liable to those derangements to which the more complex instruments are so much exposed. We think it well suited for the fulfilment of the purposes for which it is intended—and can confidently recommend it to the profession.—*Ibid.*

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TO CORRESPONDENTS.—Dr. Fish's paper and other favors are on hand.

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**DIED**—At Cheltenham, Eng. Edward Holmes, M.D.—At Hereford, Eng. John Scudamore Lechmere Patershall, surgeon.—At Wales, John Henry Mostyn, surgeon.—At Jamaica, Henry Holmes, assistant surgeon of H. M. ship *Magnificent*.—Drowned, at Key West, Dr. H. S. Waterhouse, postmaster of that place, on the 19th ult.—At Indian Key, Florida, Dr. E. S. H. Leonard, of Providence, R. I. formerly of Taunton.

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Whole number of deaths in Boston for the week ending Feb. 21, 30. Males, 14—Females, 16.

Of fits, 1—old age, 2—hooping cough, 3—throat distemper, 1—accidental, 1—typhous fever, 1—infammation of the lungs, 1—infantile, 4—croup, 1—child-bed, 1—fever, 1—consumption, 2—lung fever, 2—hip-complaint, 1—scarlet fever, 2—scrofula, 1—mortification of the bowels, 1.

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Boston, January, 1835.

(Jan. 6—tf.)

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Boston, February 4, 1835.

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XII.]

WEDNESDAY, MARCH 4, 1835.

[NO. 4.]

## THESES AT THE PARISIAN CONCOURS.

[See page 27.]

ARGUMENTATIONS ON THE THESIS OF M. SANSON, BY MM. VELPEAU, BERARD, AND GUERBOIS.

### *Remarks of M. Velpeau, and Replies of M. Sanson.*

M. VELPEAU commenced by an eulogium on the thesis of M. Sanson, which, he said, exposed the merits of the question he had to treat in a very clear and satisfactory manner. There were, however, several points which he expected to find noticed in the thesis, that were passed over in silence. Thus, for example, there was no mention of renewing the dressings frequently, as a means of favoring union by the first intention, although every one knew that it was the main object to keep the wound clean, and free from all irritating matters.

M. Sanson answered, that union by the first intention should be established more or less perfectly in two or three days from the first dressing; if union do not take place within that time, the wound becomes a suppurating one; now, as the first dressing always remains on longer than the time above specified, it was not necessary to mention the change of dressing as a means of favoring the union.

M. Velpeau said this might perhaps be true, if a complete and perfect union took place within the first few days; but as a perfect union of the divided parts never did take place, as the wound must necessarily furnish more or less suppuration, he thought the renewal of the dressings was a capital point of the treatment, and should not have been neglected.

M. Sanson returned to his former explanation. It was a matter agreed upon universally, not to remove the first dressings after an amputation, before the sixth day, unless some accident rendered it necessary. There was not a surgeon in Paris who did not conform his practice to this rule; now, as all that could be expected from union by the first intention must obviously occur within six days, he did not see the necessity of mentioning "renewal of the dressings;" the wound was either united, or had become a suppurating one, before the surgeon ever thought of changing the apparatus.

M. VELPEAU.—There is another means of favoring union by the first intention which you have neglected to mention, although it has often been employed with success, and is, in my opinion, a secondary means of great value—viz. compression.

M. Sanson said that his experience led him to a conclusion diametrically opposite. He considered compression, and everything that might

tend to irritate the wound and disturb the process of union, as essentially bad ; this was his reason for not mentioning compression.

M. VELPEAU.—In page 13 of your thesis, you say, in speaking of conditions favorable to primary union—"It is necessary that the wound be recent. The shorter time the wound has remained exposed to the air, the more apt it will be to heal without suppurating. The chances of obtaining this mode of union diminish in proportion as the wound inflames, and fleshy vascular granulations spring up." Although this may be true as a general rule, it is not strictly applicable to all cases, and the exceptions should have been mentioned. Thus we may have a union of a wound by the first intention after granulation has commenced ; besides, you have altogether neglected to speak of those cases where a suppurating wound has suddenly changed its character and united by the first intention, although the edges have remained open for five or six days.

M. Sanson considered the condition mentioned by him as one necessary for immediate union ; where granulations are once formed, immediate union is quite impossible. As to the cases quoted by M. Velpeau, they were not examples of union by the first intention, at least according to the definition of the term which M. Sanson had laid down, and which he read, "The operation by which the surgeon places in contact the opposite points of a wound, to obtain adhesion without suppuration, or with the least suppuration possible." When a wound unites, after having remained open for four or five days, it is manifestly the union of a suppurating wound.

M. VELPEAU.—In page 110 you describe a mixed method of treating wounds after amputations, which consists in placing lint between the edges of the wound, and allowing only the deep parts to unite by the first intention. You say this is the method recommended by Boyer, and also the same which M. Dupuytren and Larrey follow on some occasions. Now, if I am not greatly mistaken, M. Larrey unites his stumps at once, and M. Dupuytren certainly does not put a rouleau of lint between the lips of the wound ; besides, at page 50, you condemn this very method, when you say "that tents of lint often act contrary to the purpose for which they are applied in stopping the wound, and cause a stagnation of the pus, &c." Your method therefore is merely the method of O'Halloran, and is condemned by yourself.

M. SANSON.—There is so little difference between the method which I have described, and that followed by M. Dupuytren, M. Roux, &c., that I am justified in classing them under the same head. I place the lint along the lips of the wound ; they place it perpendicularly, extending from the bottom to the surface ; the intention however is the same, to prevent an accumulation and retention of pus, and this method is applied only when the circular incision has been employed, not after flap operations ; besides, wounds made while amputating, are different from other wounds, and require a special treatment ; the remark in page 50, to which you object as a contradiction, was applied to wounds in general, not to amputations, which I have in my thesis distinguished from the former.

*Remarks of M. Lisfranc, and Replies of M. Sanson.*

M. Lisfranc's first objection was founded on a passage, page 29, in which M. Sanson speaks of the suture after amputations, and rejects this

means, as likely to bring on irritation and contraction of the muscles through which the suture is passed, although Delpech has employed it with advantage after disarticulation of the extremities, &c. without experiencing the above-mentioned inconveniences. Here, said M. Lisfranc, is an error which should be corrected. Delpech certainly employed the suture after amputations, disarticulation, &c., but not in the manner which you have described; he carefully avoided passing the thread through the muscles, tendons, &c., and merely embraced the skin and subjacent cellular tissue. The ideas of Delpech on this point have been published, and you will find them in the thesis of M. Serre of Montpellier.

M. Sanson was obliged to confess his error after the authority quoted by M. Lisfranc. He had supposed that Delpech embraced the muscles as well as the skin in the suture. Perhaps he had been led into this error by what he had observed in Germany, where he had often seen the suture employed, and remarked that it failed whenever the muscles, &c. were comprehended.

M. Lisfranc did not mean to defend the process of Delpech, of which he was far from approving; he merely wished to correct the error into which M. Sanson had fallen, and concluded by stating, that a means upon which Delpech placed more reliance after amputations of the thigh than the suture, was to place an assistant by the patient, who kept up a gentle pressure on the surface of the stump for a considerable time after the operation. This he found to be the most efficacious means of preventing the convulsive retraction of the muscles which so often renders it impossible to keep the edges of the wound together. (The next point gave rise to a very warm discussion between the candidates.) In speaking of wounds of the head (page 67), M. Sanson says that they "are often complicated with pain, hemorrhage, and extension of the inflammation under the cranial aponeurosis, &c. These accidents are to be combated by the appropriate means, particularly by bleeding, proportioned to the age and strength of the patient." Often, says the author, leeches behind the ears, compresses dipped in cold water, sinapisms to the legs, with laxatives, have succeeded in preventing the development of inflammation in cases where it seemed most imminent. If, in spite of the well-directed use of these remedies, inflammation of the sub-aponeurotic cellular tissue should set in, we have nothing to do but at once abandon all hopes of uniting the wound, and make large incisions (*deleridements*) down to the bone. M. Lisfranc now attacked this practice very warmly, and denominated it as altogether faulty. In cases of inflammation under the cranial aponeurosis, it is not necessary to have recourse to incisions as soon as inflammation declares itself. The surgeon should first endeavor to combat the inflammation by local bleeding, and particularly by revulsions on the intestinal canal. This was the practice followed at *La Pitié*; the facts were well known, and it was demonstrated that the necessity of incisions was often dispensed with by a sedulous attention to the principles he laid down. M. Lisfranc quoted many cases in which he had succeeded in arresting the species of inflammation alluded to, by acting on the intestinal canal, &c., and concluded that M. Sanson was in

error in confining his antiphlogistic treatment to a prevention of inflammation, and not continuing it after the development, reserving his incisions for cases where these means failed.

M. SANSON.—(This was an objection which M. Sanson found some difficulty of answering in a satisfactory manner, not so much from want of good reasoning, but because it was necessary to take the spirit of the passage rather than the actual words. He, therefore, commenced by reading the passage which we have quoted, amidst considerable laughter excited by the way in which M. Lisfranc pronounced at every third word, “*bon, bien,*” &c.) M. Sanson remarked, that the employment of local bleeding, purgatives, derivatives, &c. was mentioned and recommended by him. If these failed, he saw nothing to be done, except to have recourse to incisions. From a strict interpretation of the words, it might, perhaps, follow, that he only used antiphlogistics to prevent the development of inflammation; but it was evidently understood that the preventive measures were to be continued after inflammation appeared; any surgeon would comprehend him in this manner.

M. Lisfranc said he did not know what M. Sanson might have had in his head, he only knew what was written in the thesis, and it followed from M. Sanson's words, that as soon as ever inflammation of the cranial sub-aponeurotic substance set in, he had recourse to incisions, without using those general means which the practice of M. Lisfranc, at *La Pitié*, showed to be successful. In page 64 (M. Lisfranc continued) you blame the advice of Petit, who recommends the surgeon to make a counter-opening near the base of the flap, in wounds of the cranial integuments, in order to avoid the inconveniences which would arise from the accumulation of pus between the flap and the bone: you prefer the immediate application of the flap supported by compresses, sutures, &c. I cannot agree with your condemnation of Petit's practice; the formation of pus between the aponeurosis and skull is a dangerous accident, which the surgeon should avoid by all the means in his power. Now when the flap is closely applied, and the dressings are left on for several days, there is great danger that purulent matter will accumulate under the integuments, become infiltrated into the neighboring tissue, detach the scalp largely, and aggravate all the accidents of the primary wounds. In some cases the distension by the pus thus confined has been so great as to lacerate the cicatrix of the integuments.

M. Sanson explained at some length the reasons for adopting his opinion. Like you, said he, I commenced by making a counter-opening, but I soon found that Petit's method was neither necessary nor advantageous, and that it was much better to retain the part in perfect contact. It is evident, that the best means of preventing the pus from spreading under the fascia, is to prevent its formation altogether, and this is best attained by the method which I employ; besides, if pus begin to be formed, the surgeon cannot long remain ignorant of the fact. The patient suffers more than ordinarily, and complains of pain, tension, &c. The dressings are removed, and the existence of any fluid under the thin layer of integument which covers the skull is very easily ascertained. It is now time enough to make an opening for the discharge of the matter,



and I think that we may advantageously dispense with the preventive incisions of Petit.

M. LISFRANC.—But if the patient suffer sufficiently to draw your attention to the wound, it necessarily follows that pus is already formed, and the mischief done which Petit's counter-opening would have prevented. Besides, you recommend a methodic pressure on the flap, but you do not confine this means to any peculiar kind of wound, as you should have done. To what kind of flap would you apply pressure, or would you use it with all, indifferently? In cases where the base of the flap is very narrow, the circulation difficult, &c. (and this often occurs in wounds of the scalp), methodic pressure may interrupt the feeble circulation through the strip of flesh connecting the flap with the rest of the integuments, and tend to produce gangrene. Now all surgeons, wherever there is any fear of gangrene being produced, avoid the use of pressure, and have recourse to the suture.

M. Sanson said, that his remark applied only to cases where the base of the flap was large and extensive. When the wound is narrow, there is no occasion to employ pressure, as the parts have not the same tendency to retract and keep the edges of the wound open.

(The time here expired.)

*Remarks of M. Berard, and Replies of M. Sanson.*

M. BERARD.—Our space will not permit us to give this argumentation at any length, although he made many of his objections tell. He commenced by repeating and enforcing an objection already offered by M. Velpeau, viz. that M. Sanson had altogether neglected mentioning the healing of wounds by the second intention. There were three principal forms in which wounds heal,—by the first intention, by suppuration and granulation, and by the second intention; this latter form was perhaps as frequently seen as either of the two others, and he had expected to see its advantages discussed.

M. Sanson remarked in reply to this, that it was not a question which he had to treat; besides, it came under the head of suppurating wounds. The next point was debated warmly.

M. Berard insisted that serous membranes were not vascular, and quoted Bichat, many modern anatomists, and several judges of the concours, who were of the same opinion.

M. Sanson answered that he had injected the free surface of a serous membrane, and that he desired no better evidence than his own eyes; he had also seen pathological preparations which proved the same fact; besides, he did not want authorities to support his opinion.

M. Berard, finally, reproached the author with an inconsistency, in saying at one time that the ligature tended to plug up the wound and retain the pus, whilst at another he said they served to conduct the fluids to the angles of the wound; besides, he had neglected to mention the method practised by the English surgeons, who, instead of assembling the ligatures in bundles, and drawing them out at the corresponding angles, bring each ligature down singly in a perpendicular direction; by this means the thread traversed the least possible space, and the irritation was, consequently, less.

M. Sanson did not seem well to understand this objection, for he denied the possibility of bringing all the ligatures perpendicularly out, and we left M. Berard constructing an equilateral triangle with the sides of the stump, the apex at the bone, the base inferiorly, and endeavoring, but in vain, to demonstrate to the surgeon of the *Hôtel Dieu*, that he could let fall any number of perpendiculars from the sides of the triangle upon the base. M. Sanson affirmed, in reply, that the perpendiculars would be all oblique, from which we concluded that he was a much better surgeon than mathematician.

## MEDICAL PHILOSOPHISINGS.

### REMARKS ON THE SENSES, SOMNAMBULISM, AND PHRENOLOGY.

[Communicated for the Boston Medical and Surgical Journal.]

THE mind, soul, or immaterial essence of man, is sometimes endowed with powers which ordinarily it does not possess, that seem to be deviations from the common course of things, and unsusceptible of a satisfactory explanation. What I have reference to in particular, are cases like those which have lately been described by Drs. Belden and Colby, and published in the Medical and Surgical Journal.

From the statements of those gentlemen it seems that Miss Rider and Mrs. Cass could see in the dark, and with their eyes shut and bandaged. I shall assume the privilege of differing, in some respects, from such a belief. That they were, while in this situation, possessed of the ordinary capacities of vision, is contrary to reason to suppose, and cannot be assented to by those who seriously take the matter into consideration. That they, while in a state of somnambulism, from some cause became acquainted with objects in their presence, that seemed to be through the medium of vision, will be admitted; but they could no more see with their eyes, under such circumstances, than with their ears, nose, or hands. There can be no doubt that they received the impressions, which it was supposed they did; but it could not be from vision, as we understand the word.

To impart clearer views upon this subject, it will be necessary to direct the attention to things which are more clearly understood—to things which are every day presented to our observation. Man, as a general rule, may be said to be endowed with five senses—seeing, hearing, smelling, tasting, feeling. There are, however, deviations from this rule. Some are born into the world devoid of the sense of seeing, and some have been even *deaf* and blind. There might be cases in which persons would be destitute of *all* the senses, and more like vegetables than like intelligent beings—possessed of imitation, but not sensation.

If instances are known of individuals being devoid of part or all the senses, the idea suggests itself whether there may not be instances where persons, under certain circumstances, are endowed with *more* than the allotted number. If the cases referred to, and others, which in the course of this essay will be presented, can be explained in any way, it will be from such a supposition. Miss Rider and Mrs. Cass, though they ob-

tained an impression of things, which *seemed* to be through the medium of vision, did *not* obtain it in this way, but received it through a medium which we know nothing about—in fact from a new faculty, or an additional sense.

To elucidate this still farther, it will be necessary to survey some opinions which are in part or altogether now assented to. The senses, such as all mankind, with some exceptions, are endowed with, are inlets or windows to the soul, or intellectual faculties. The eye, for instance, lets in light, and the senses as a whole may be said to let in knowledge; knowledge which we should be altogether deprived of, were it not for the senses. They may, very properly, be said to be windows, but dark and obscure ones, endowed with too little transparency to admit knowledge in its true splendor. Knowledge, or what, when possessed, we denominate such, exists somewhere in bright effulgence; but in regard to man, when it shines at all, it is admitted through the windows of the soul with dim or obscure lustre. Light exists, notwithstanding some individuals are born blind, and do not behold it. A person born blind, knows nothing of light; but if, from the skill of an expert oculist, the scales are removed which excluded it, he finds himself immersed in a sea of light. Our *bodies*, instead of affording facilities to the admission of knowledge, are hindrances, impediments, incumbrances. Though they admit, through the dark windows before spoken of, a few faint rays, they shut out more than they let in. Were it not for the body, or the thick shroud that enfolds the soul, we should find ourselves in a sea of knowledge, just as a person, when his eyes are operated upon to let in vision, finds himself in a sea of light.

As stated before, there *may* be persons so circumstanced as to possess other inlets to the soul, other faculties, or other senses, besides those generally assigned us, without this envelope being removed or taken away, as was the case with the persons before referred to. Whether they are endowed with this new faculty by the connection between the body and soul being in part dissolved, or from something being in reality bestowed upon them, which others do not possess, matters not in regard to the principle of the thing. Knowledge existed, whatever might be the way in which they became acquainted with it. But the subject will not be left without an attempt to explain it more particularly.

The connection between the body and the soul may be more slight in some instances than in others, and beams of radiance may pass through when the folds are partly lifted aside, which would not enter in any other circumstances. Sleep in some measure resembles that state of the body when the soul has departed from it—in other words, it resembles death. The senses are dormant—all the light which enters through the ordinary avenues to the soul, is shut out. Notwithstanding this, the mind is active—converses, and oftentimes has clear views of things. Somnambulism resembles, though it is not exactly like, sleep. Though a person in this state appears to be more awake than in ordinary sleep, he cannot be so easily extricated from it. If it is sleep, it is a higher grade of it, and there is, perhaps, more disconnection between the body and soul than in common sleep. New faculties, or senses, are possessed by such persons, and they obtain a knowledge of things in a different way

from what we have any conception of. It differs from common sleep, inasmuch as persons in this situation appear to have clearer views and more perfect knowledge of surrounding objects than at any other time. Somnambulists will walk several miles in the dark without making a misstep, or deviating from a direct course—walk a narrow plank or pole across a stream or deep chasm, which they would not dare to do when awake—climb trees, and perform feats which they could not do at any other time.

Ten or fifteen miles from where I reside, a man in a state of somnambulism prescribed an effectual remedy for a disease which he had long been afflicted with, which his physicians had in vain attempted to cure. Mrs. Cass prescribed a remedy for her complaint, which though not resorted to, her physician was almost inclined to think would have proved effectual if it had been made use of. Some years ago, a young woman at Hanover, who had long been indisposed and helpless, during an almost inanimate state of the body was made acquainted with the exact period when she should recover. Many readers of this periodical have, no doubt, seen an account of a clergyman (Mr. Tenant) who, to appearance, in a perfectly inanimate state, saw, while the veil was thus removed, things which no persons in their natural state are permitted to behold.

Curious instances of persons being endowed with supernatural powers of utterance, in cases where the nervous system is operated upon by disease, frequently come under our observation. A person, not far from where I reside, can, while in a state of somnambulism, declaim upon religious subjects in a manner which denotes higher intellectual attainments than he seems to be endowed with at other times. Dr. Mitchell is the author of a volume, giving an account of a female of this description. President Dwight, as I have been informed, while lecturing to his class upon divinity, gave an account of a case of fatuity, or mental imbecility occasioned by age, where the person, during sleep, would appear to be endowed with as high a state of intellectual attainments as he was ever possessed of. This person was a clergyman, and father to Dr. Edwards; and it was stated of him that he would argue upon divinity with great ability while thus circumstanced, seemingly with some antagonist. He would make statements, wait for a reply, and then proceed, exactly as he would if there had actually been some person conversing with him. I once attended upon a case of epilepsy, the most violent I ever saw, where the patient, in the intervals of the convulsions, was endowed with very extraordinary powers of utterance. At these remissions, he would exhort and blaspheme, alternating with each other regularly, without deviating. His language in both instances was so clear, connected, and forcible, his method so exact, perfect and complete, and his style so bold, powerful and overwhelming, that the most experienced critic could not detect a flaw in a single expression. In his exhortations, the apostle Paul would scarcely excel him in regard to oratory; and in his blasphemous effusions, the very demons would have to give up to him. The inmates of the hells of London would be puzzled to learn where he found the vocabulary which furnished him with such a multiplicity of fiendish words and epithets. Cold chills—even a death-like coldness and horror indescribable—ran over those who were attending upon him.

Even an atheist, if there had been one present, must have trembled, and experienced the inward throbbings of feelings he had never any acquaintance with before. In all these cases are indications of what may be denominated new faculties, or new senses. In some, the faculty of prescribing remedies for their own maladies; in others, the faculty of foretelling future events; and in others, that of utterance beyond what is natural in a healthy state.

Though there may be some more disconnection between the body and the intellectual faculties in these cases than what is common, yet this is not the only reason why new faculties are possessed. Phrenology, though yet in its infancy, and doubted as to its correctness by many, seems, by those who have attended to it, to be founded upon correct principles. Phrenologists have spoken of the brain as being divided into a great number of compartments, and assigned to each of these some specific and appropriate office. Each of the different divisions to which have been assigned specific powers, may be considered as possessing the embryo rudiments of new senses. Although there are in reality but five senses, there may be germs, or first beginnings, of others, which, from a greater influx or secretion of that invisible something which gives activity to the nerves, may be endowed with motions and capacities, that, when stimulated to a certain degree of exertion, may perform the offices of perfectly developed senses.

It is well known that in disorders of the sanguiferous system, while some parts are more torpid and less invigorated than what is natural, others, by what is technically called indirect sympathy, are excited to more energetic action. The persons above spoken of were all more or less under the influence of disease, and disease of such a nature as doubtless operated as an indirect stimulus upon that particular portion of the brain which was exerted to greater action in those cases—a greater secretion of nervous power was occasioned, and those actions and motions which eliminated new senses, produced. Pain is a new sensation, occasioned by a cut, a contusion, or a disease of some kind. Some parts, which, when in a healthy state, are possessed of no sensation, are, when diseased, more sensible than any other part. In like manner, those portions of the brain, which, when in a healthy state, have nothing extraordinary belonging to them, may, when diseased, be so operated upon as to be possessed of new faculties.

There are other causes, besides disease, which may have this effect. Calm, composed love to God, or wholesome religious zeal, may produce it. Fanaticism of every kind, may, in some respects, produce it. Individuals may be so formed in regard to their constitutional attributes, as to be endowed with a species of these extra faculties. Not altogether unlike the cases which have been mentioned, was the condition of the ancient prophets and apostles. Rapt in religious zeal, and supreme love to God, they were lifted high above this terrestrial sphere, and, looking through this earthy substance, the corporeal portion of our natures, the future was displayed before them. When Abraham, through the long line of his posterity, saw that a Saviour would be given to the world; when Isaiah had the millennium pictured to his view; and when St. Paul ascended the third heavens, and saw things of which it was not lawful for

him to speak, it was through a medium that others know nothing of, and which we may suppose to have originated from an impulse which produced increased nervous secretion, giving new faculties and new inlets to the understanding, and lifting aside the veil for the admission of that light or knowledge in which the whole human family are immersed.

Religious fanatics, persons under the influence of supposed witchcraft, those who are haunted by ghosts and apparitions, and troubled with spectral illusions of any kind, are operated upon in the same way, though with different results. Like persons in a low state of fever picking at the bed-clothes, and appearing to behold objects where nothing exists, these persons, through a different medium, are presented with false appearances—falsehood assumes the form of truth, and non-entity the appearance of reality.

Zerah Colburn and another individual were endowed with very extraordinary calculating powers—as extraordinary, to appearance, as for a person to foretell what was to transpire ten, twenty, fifty, or a hundred years from the time when he made the prediction. Any two numbers multiplied by themselves, any divisions, questions in the rule of three, cube root, geometry and position, were performed and answered immediately—replied to intuitively. What could this be but an additional faculty, a new inlet to the intellectual organs? Notwithstanding the most abstruse mathematical questions were replied to in an instant, they could not tell others how they did it—for the reason, perhaps, that there are no words invented to express such an operation of the understanding. With these there was probably no disease, but a more perfect organization of that portion of the brain to which phrenologists would ascribe extraordinary mathematical powers.

Men endowed with superior endowments in any art or science, have that particular compartment of the brain assigned to such art or science a little larger than others. Those vestiges, or embryo rudiments of new faculties, are more perfectly developed, and furnished with a more abundant supply of the nervous secretion than is common in ordinary cases. They differ from the cases which have been spoken of before, by not having anything deviating from the common course of nature belonging to them. Demosthenes and Cicero excelled in oratory, Homer and Virgil in poetry, Sir Isaac Newton in natural philosophy, Locke in metaphysics, and Alexander the Great and Bonaparte in war. These men, doubtless, were endowed with greater prominences in those portions of the brain, answering, according to the assignments of phrenologists, to their particular vocations.

More might be said upon the subject, and, by the application of more labor, clearer views presented, and some seeming incongruities might be explained or expunged; but having dwelt longer upon the subject than was intended, as nothing but a few crude hints was calculated upon, what has been stated must suffice for the present. Should that which has been herein exhibited appear to be founded upon reason, and meet the approbation of the reader, it is hoped that some abler pen may discuss the matter, and elucidate subjects which have been shrouded in darkness.

*Thornton, N. H., February 12th, 1835.*

S. F.

## SUBSTITUTE FOR THE OIL OF AMBER IN THE FORMATION OF ARTIFICIAL MUSK.

[Communicated for the Boston Medical and Surgical Journal.]

TWENTY-FIVE years since, while performing some experiments with the resin of copal, I noticed the similarity of the oil obtained by distillation in a retort with that of the Amber, and found that almost the whole of the resin was converted into the oil. This oil, on being kept a short time, could not be distinguished by its color or flavor from oil of amber of the best quality. Experiencing the same difficulty (in procuring the oil of amber of sufficient purity) mentioned by Dr. Williams, the oil of the copal was substituted, and was found, on treating it with nitric acid, to yield a much larger quantity and better quality of artificial musk than any oil of amber I had ever used. B.

New Haven, Ct. Feb. 23, 1835.

*Quere.*—Is not the amber the same resin as the copal? Much has been said on the origin of amber. By distillation it yields the succinic acid, which the copal does not. The acid may be formed, by laying for ages in the earth.

## BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 4, 1835.

### LECTURES AT THE EYE INFIRMARY.

BY JOHN JEFFRIES, M.D.

THE *Eleventh Lecture* of the course was devoted to the consideration of the interesting and important class of diseases of the eye, comprehended under the term Amaurosis. The subject of the *Twelfth Lecture* was a continuation of the same disease, and treated of the numerous varieties which occur as sympathetic of complaints or disorder of functions in other organs. The influence of inflammation of the external tunics upon the functions of the retina was first noticed, and also the sympathetic affection of the retina depending upon derangement of the meibomian secretions. Next the not uncommon occurrence of functional Amaurosis from gastric derangement was adverted to, and a useful caution was given to the practitioner to investigate carefully the state of the gastric secretions.

Repletion of the vascular system was considered as a frequent source of Amaurosis, and the appearance of the eye in such cases was noticed, as likewise the constitutional symptoms peculiar to this variety. The singularity in the appearance of the eye affected with Amaurosis under states of the system directly the reverse was noted, and it was observed that the same remark would apply to the symptoms occurring in Amaurosis from inanition.

Nyctalopia was described as another very singular and interesting form of Amaurosis. Having given a careful description of the morbid pheno-

mena exhibited in those suffering from an attack of this disease, the lecturer referred to an account of several cases which had occurred at the Eye Infirmary, and which illustrated the treatment proper to be pursued.

Double vision and Strabismus afforded an opportunity for some excellent remarks in connection with the subject of the lecture ; after which, Dr. Jeffries discussed the treatment which would be appropriate to each of the several varieties of Amaurosis above adverted to—in doing which he strenuously enforced the importance and necessity of ascertaining the exact causes of the disease in each particular case, and of applying the remedies with reference to such causes, whether constitutional or local.

In closing his remarks upon the treatment, the lecturer called the attention of the class to a remedy of the greatest importance in the cure of Amaurosis in general. Mercury is the remedy referred to ; and rules for its particular administration, as well as a description of the cases in which only it will be beneficial, and the regimen proper to be adopted by the patient under its use, were fully and carefully pointed out.

The history of several striking cases, which were conducted to a successful termination by active and persevering application of remedies, was related. Some anatomical and physiological observations, having an important bearing upon the nature of Amaurotic affections, terminated the lecture.

Previous to entering upon the discussion of the subjects of the *Thirteenth Lecture* of the course, the usual clinical observations and practical remarks were made upon the cases presented at the Infirmary for medical and surgical treatment. Among other interesting cases, was a case of tumor, or, as it has been considered by authors, Staphyloma of the choroid coat, the result of long-continued, deep-seated inflammation in the eye, and occurring in this instance in an unhealthy subject. It was of the usual purplish or blue color seen through the extenuated sclerotic—with some varicose vessels at its upper part. A very important case, unfortunately but too common, of injury of the eye with extensive opacity of the cornea (closure of the pupil with adhesion of the iris to the cornea in one eye) from explosion of gunpowder, was also presented and received under the care of the institution.

The disease first offered for the consideration of the class in this lecture, was Pterygium. The nature of this disease, and its division into membranous and fleshy pterygium, were noted, and the characteristic marks of both were pointed out. The mode in which its slow and gradual progress affects the cornea was described, and the cure of both species by excision was based upon a caution having reference to the pathological character of the parts.

Ectropium or eversion of the eyelids was next treated of, and its nature and the various causes which may give rise to it, were carefully adverted to. The indications of cure were noted, and the mode of applying escharotics and of performing the operation requisite in many of the cases, was fully discussed. The proper time for the use of stimulating and astringent washes to restore tone to the parts, was clearly stated.

Entropium was regarded as in some measure the reverse of the last-mentioned disease. The combination of three causes was recognized in the production of Entropium. These causes were enumerated, and the agency of the orbicularis muscle in this disease was clearly manifested. The cure by operation, and its safe and thorough performance, were described. The benefits of the operation, particularly in a young subject,



were remarked to be truly surprising, both from the relief from a constant and harassing irritation, and the great improvement which is experienced in vision. A description of simple Trichiasis, or inversion of the eyelashes, and Anchylo-blepharon, or union of the eyelids, followed next in course, and the lecturer then proceeded to the discussion of the morbid affections to which the sclerotic tunic is liable. Inflammation of this texture was minutely described, and the direction and course of the blood-vessels were referred to their anatomical arrangement. The different kinds of inflammation, with the particular remedies, especially in that affection of the sclerotic which is considered as rheumatic, were pointed out. A change of texture of the sclerotic from internal chronic inflammation was described, and a case in which it was accompanied with Hydrops Oculi, was related. Puncturing, or dividing the sclerotic freely, proved in this case, as it has in many others, effectual.

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DR. MOTT, OF NEW YORK.

THIS eminent surgeon has found it necessary, in consequence of impaired health, to make a voyage to Europe. A public dinner was given him by the physicians of New York, on the 10th ult. just before sailing, as a testimony of their high respect for his great professional merit. From the number of sentiments which appears to have been given on the occasion, there was a perfect unanimity of feeling, and a deep interest manifested for the restoration and future usefulness of their distinguished guest.

Dr. Hosack presided, from whose prefatory remarks to a toast, we not only gather an item in relation to himself, whose fame is almost universal, but also something equally interesting concerning the skilful operator who was the subject of such praiseworthy attentions. Dr. H. remarked:

Gentlemen—Having in a great degree withdrawn from the practice of medicine, I feel myself highly honored by your invitation to take the place your partiality has assigned me at this interesting meeting, to take our leave of a brother practitioner, who for a time proceeds to a distant climate and country in pursuit of health. I may remark that the present is an occasion of rare occurrence in the quiet and retired walks of our profession. Festivals of this nature are more usually dedicated to the man who has signalized himself in the field of battle; who has served the state and country in the great events of political life; or has become eminent by some great achievement or discovery in the arts or sciences. I might cite a long list of American worthies who have been distinguished in this manner, and have contributed largely to their country's welfare and honor. But we are now called upon to testify our great respect, and to express our unfeigned regard, for one of our citizens, who has no less elevated himself and his country by the improvements he has introduced into his profession, and by the services he has thence been enabled to render not only to his immediate fellow citizens and countrymen, but thereby also, to a certain extent, to alleviate the sufferings of mankind throughout the globe; for those services are not limited to his *native land*, but have become extensively known, and have been gratefully acknowledged by his professional brethren in every part of the civilized world, and have been the means of lessening the ills of human life, wherever those improvements have been made known and have been adopted. They have indeed thus become the property of *the world*; and by the world they will ever be appreciated and rewarded. May I not add, gentlemen, without the

charge of adulation, that while the records of medicine and surgery remain, while the memory of many of the benefactors to our country, who have signalized themselves in the profession, shall be perpetuated, the name of our esteemed guest and fellow citizen, and the important improvements he has introduced into that department of the healing art he has so successfully cultivated, will also be conveyed to the latest period of time.

I might here, gentlemen, enter into details and illustrations highly honorable to the individual, and exhibit a statement of facts, doubtless gratifying to every member of the profession present, but which time and the occasion both forbid. I may, however, be allowed to remark, that my first acquaintance with Dr. Mott, as a pupil of medicine and surgery, was formed in the year 1805. His enterprise, his habits of industry, his indefatigable labor, became familiarly known to me at that early day, and were considered as a sure presage of that success which has attended him through life. When he completed his course of study, and received the honors of his profession on this side of the Atlantic, he availed himself of the advantages of visiting the most celebrated medical schools of Great Britain and the continent of Europe. There too he became not only known by his ardor in the general prosecution of his professional studies, but he more especially attracted the notice of his teachers in the favorite departments of *anatomy* and *surgery*. To these important branches he became signally and most successfully devoted; and ever since his return to the United States, they have received his unceasing attention, both as a practitioner and as a teacher of medicine. To these facts his fellow citizens, as well as the members of the profession throughout our country, will bear their united testimony. But in consequence of an impaired state of his health, the result of the laborious practice he has undergone for nearly *thirty* years, he is now very reluctantly called upon to make the painful sacrifice of suspending his professional duties and usefulness, for the purpose of recovering that health, which has been lost by his exertions to give health and happiness to others.

Upon this painful occasion of parting with our friend, I am sure, gentlemen, you will all with one voice unite with me in expressing the most sincere wishes for the prosperity of the voyage Dr. Mott is about to undertake for the recovery of his health, a happy return to the land of his birth, to his family and friends; and, above all, his reassumption of the duties of that profession he has so long adorned, and in which he has been so usefully engaged for the benefit of his fellow men, and the advancement of surgical science.

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*Seeing in the Dark.*—It is recorded of the Emperor Tiberius, that he could see in the dark; and M. Le-Cat informs us that there was at Parma a young woman who could see at midnight as well as at noon. Persons shut up in dark prisons soon learn to distinguish the minutest objects, the absence of the stimulus of light causing an expansion of the pupil of the eye. In the *Journal des Scavans* for 1677, we find the case of a musician who had one of his eyes struck by a lute string rebounding, when it broke from being screwed too tensely. The eye inflamed, and the patient found, to his astonishment, that with his disorder he had acquired the power of seeing in the dark, so as to be able to read. He could only see in the dark with the inflamed eye, and not with the other.

**New York Dispensary.**—According to the report of the Managers of the New York Dispensary, no less than 22,444 persons have been supplied with medicine and faithfully attended to gratuitously, either at the Dispensary, or their own houses, within the last year.

**Medical Prize Question.**—The Medical Society of the State of New York, at its recent meeting, adopted the following as its prize question for the current year:—*The influence of trades and occupations in the United States, in the production of disease.* A premium of \$50 is offered for the best Dissertation, to be sent in by the 1st December, 1835.

**University of the State of New York.**—On Tuesday, the 3d of February, the regents of the university conferred the degree of Doctor of Medicine on 39 gentlemen, graduates of the College of Physicians and Surgeons of the western district.

**Library of the Medical Sciences.**—Part VI. of this popular and valuable work, under the editorial management of Dr. Hays, has been received. As the price is extremely low, being but fifty cents a Part, every medical gentleman in the country could afford to take a copy.

**An easy process for the preparation of Mercurial Ointment.**—By M. COLDEFY DORLY.—The importance of this process consists in the previous preparation of the lard, by which it acquires the property of extinguishing in a few minutes, from twenty-four to thirty-two times its weight of mercury.

The lard, previously melted, is to be poured into a vessel of large size, containing cold water, in order that it may be properly divided. It should then be placed upon a hair filter, the openings of which are moderately large, and preserved in a dry place, excluded from dust. In about fifteen or twenty days it will be capable of extinguishing seven or eight times its weight of mercury, and this faculty will go on increasing, until finally, at the expiration of some months, when it has become more rancid, and requires a greater degree of tenacity, it will be capable of extinguishing thirty-two times its weight of the mineral. It is somewhat remarkable that lard, which has become infinitely more rancid under any other circumstances, does not possess the same properties.

When it is desired to obtain a strong ointment, the author recommends the following form :

R. Adep. Preparat. ʒ ij.  
Argentum Vivum, lb. iij.

Triturate them in a mortar of moderate dimensions, the bottom of which is ovoid. If the lard is too firm, a little olive oil may be added, and the mercury will disappear in four or five minutes, the compound assuming a gray pearly color. Two pounds and fourteen ounces of fresh lard, about three-fourths solidified, must then be added, and the whole well incorporated.

A commission appointed by the Society of Pharmacy to report on this subject, fully verified the statement of M. Coldefy.

*Journal de Pharmacie.*—*North American Archives.*

**Medical College of Louisiana.**—We learn from the Louisiana Recorder—a new periodical, of a miscellaneous character, lately commenced in New Orleans, and ably edited by J. A. Kennicott, M.D.—that the founding of the first medical school in Louisiana was announced on the 5th of January, in New Orleans, in an appropriate and eloquent address by Dr. Thomas Hunt, dean of the faculty and professor of anatomy and physiology.

**MEDICAL ADVERTISEMENTS.**—Booksellers, Surgical Instrument Makers, Apothecaries, and all others wishing to call the attention of the medical profession, would find it to their advantage to do it through the Medical Journal, where the class of men for whom such notices are designed would see them. Yet a majority of those who advertise, with this view, do it in a common newspaper, which probably is not seen by a twentieth part as many physicians as the Journal. In one of their own appropriate publications, it would arrest their attention, and a mutual benefit would accrue to all parties. Occasionally, a physician's effects are sold at auction—and generally at a great sacrifice, on account of the neglect to insert an advertisement where it would be most likely to meet the eye of those who would purchase at something near a just value.

Owing to circumstances entirely beyond the control of the editor, there has been considerable delay in publishing the remainder of Dr. Jeffries's lectures, but they will now soon be completed.

**DIED.**—In Windsor, Ct. Dr. Lot Humphrey, a revolutionary pensioner, aged 71.—In Frankfort, Ky. Dr. L. Wilkinson.—At New Orleans, Dr. H. M. Hubbard, a native of Lexington, Geo.

Whole number of deaths in Boston for the week ending Feb. 28, 23. Males, 13—Females, 10.

Of infantile, 2—lung fever, 4—drowned, 1—fits, 2—piles, 1—tumor, 1—typhous fever, 1—inflammation of the lungs, 1—consumption, 3—canker in the bowels, 1—bursting bloodvessel, 1—old age, 2.

## ADVERTISEMENTS.

### VACCINE VIRUS.

PHYSICIANS in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—inclusing one dollar. Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless some other mode of conveyance is directed. Ten charged quills, an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely packed in a letter. The gentleman who has undertaken to keep the virus, will faithfully supply that which is positively genuine and recently taken.

Boston, March 4, 1834.

### TO PHYSICIANS.

A good situation for a physician is about to be vacated in a flourishing village in Worcester County, and within a few miles of the town of Worcester. The place may be secured for a moderate consideration if applied for soon. Applications made to the editor of this Journal, post-paid, will be promptly attended to.

March 4.

An eligible country situation for a medical practitioner, in one of the eastern counties of Massachusetts, for sale. One desirous of purchasing, may obtain further information by applying at this office. Letters from applicants, post-paid, directed to the editor, will reach the advertiser without delay.

February 18.

### PHILOSOPHICAL AND ASTRONOMICAL APPARATUS.

N. B. CHAMBERLAIN, No. 9 School St. Boston, manufactures Philosophical, Astronomical, Pneumatic, Hydrostatic, and Electrical Apparatus, Mechanical Powers, &c. of beautiful workmanship, designed for Lecture Rooms and public instruction in Schools, Academies and Colleges. Portable models of the Steam Engine, put in motion by a spirit lamp, afforded at a very reasonable rate, can be obtained at any time, by addressing the advertiser by mail.

Boston, February 4, 1835.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, post-paid. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy, gratis.—Postage the same as for a newspaper.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XII.]

WEDNESDAY, MARCH 11, 1835.

[NO. 5.]

## THE HOSPITALS OF PARIS.

THE establishments for the relief of the sick and infirm at Paris may be distinguished into two kinds,—one consisting of the hospitals, properly so called; the other comprising what are denominated “hospices,” or houses for the reception of infants, and of old people who are affected with diseases supposed to be incurable.

There are fourteen hospitals scattered in different parts of the city, and of these the most extensive, the oldest, and the most celebrated, is the *Hôtel Dieu*; next in rank to the *Hôtel Dieu* comes the *Hopital de la Charité*, in the rue Jacob; and then follow *La Pitié*, in the rue Copeau; *St. Louis*, rue St. Louis; the *Hopital des Enfants Malades*, and the *Hopital Necker*, situated next to one another in the rue de Sevres; the *Hopital St. Antoine*, rue du faubourg St. Antoine; the *Hopital Cochin*, rue du faubourg St. Jacques; the *Hopital Beaujon*, rue du faubourg St. Roule; the *Hopital des Veneriens*, sometimes called the *Hopital du Midi*, or the Capucins, rue des Capucins; the *Hopital des Enfants Trouves*; the *Maison Royale de Santé*, rue du faubourg St. Denis; the *Maison d'Accouchement*, or *La Maternité*; and, finally, the *Clinical Hospital of the Faculty*, Place de l'Ecole de Médecine, which has been opened within the last few weeks.

The *Hospices* are eight in number; the two chief are *Salpetriere* and *Bicetre*, containing, one 5400 beds, the other above 3000. Besides these two immense establishments we have the *Hospice des Incurables Hommes*; the *Hospice des Incurables Femmes*; *L'Hospice des Menages*; *L'Hospice des Orphelins*; *L'Hospice de la Rochefoucault*; and *L'Institution de St. Pierre*. Before entering on a description of each hospital in particular, we shall give a few statistical observations on these establishments in general, for most of which we are indebted to a work lately published by M. Milne Edwards.

The number of patients admitted into the civil hospitals of the city of Paris in 1807 was 37,473; in 1817 this number amounted to 41,000; and in 1827 it had reached the sum of 53,000; the average admittances for seven years between 1819 and 1825, was 47,166, giving a proportion of 1 to 48 of the whole inhabitants of the city.

The average duration of time which each patient remains in the hospitals is 35 days, and the mortality is as 1 to 8.37.

The expense of keeping up the hospitals and hospices, which is defrayed by a few legacies, but chiefly by taxes raised on the theatres, on the pawnbrokers' shops, &c., amounts to about 2,700,000 francs for the former, and 3,000,000 for the latter, or 1,080,000 and 1,200,000 pounds

sterling ; and each patient costs in the hospitals one franc fifteen sols, in the hospices one franc seventeen sols, per day.

The hospitals and hospices are under the exclusive direction of a committee called the "Council General of Hospitals," named, we believe, by the government, and at present composed of the Prefects of the Seine and the Police, the Dean of the Faculty, the President of the Chamber of Deputies, and five or six marquises, dukes, barons, and commoners. The executive part is entrusted to a "commission administrative," and each principal hospital has an agent *de surveillance*, who lives in the establishment, and who directs all the interior concerns, the police, expenses, &c. The surgeons and physicians of the hospitals are appointed by the Minister of the Interior, on the recommendation of the Council General, who send in to him a list of three names, usually selected from the medical officers of the *Bureau Central*. However, from a late incident it would appear that the Council General assume the nomination, and only refer to the Minister on special occasions. To fill the office of head physician the candidate must be at least fifty years of age, and have been employed during ten years in the civil or military hospitals ; for physician it requires forty years of age, and twelve years of doctorate. The pupils attached to the hospitals are distinguished into *internes* and *externes*.

The *internes* have the charge of the patients during the absence of the medical men. They are bound to make the evening visit, administer any pressing assistance which may be required on the moment, keep an account of the cases, &c. The *internes* are appointed by concours, from candidates of all nations. Their office lasts generally for four years. They are lodged, and have about 20*l.* per annum, fire, &c.

The *externes* are also chosen by concours. Their duty is to aid and supply the *internes*. Besides this, each medical officer is attended during his visit, by an *eleve en pharmacie*, who acts as apothecary. And in the four hospitals where the cliniques of the faculty are given, there is a *chef de clinique*, whose duty it is to collect observations, and make the autopsies, &c., for the professor. They are appointed by the dean, and have 20*l.* per annum, with lodging. Finally, the duty of nurses is performed by the *sœurs hospitaliers*, better known as Sisters of Charity. There is about one to every five or six patients.

Patients, desirous of being admitted into the hospitals, must address themselves to a committee, who sit near the *Hotel Dieu*. This, the *bureau central*, is composed of twelve physicians and six surgeons, all chosen by concours. They examine the patients, and give them tickets of admission to their special hospitals ; but in any case of emergency the patient is admitted by the agent *de surveillance* on the advice of the interne.

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#### HOTEL DIEU.

This is the largest and most ancient of the Parisian hospitals. The two immense ranges of building which compose it, are erected, one on each side of the bank of the river Seine, and are connected together by a covered wooden bridge. The great mortality which formerly prevailed in this hospital was attributed to its unfavorable situation ; but other

causes, of a different nature, which are now happily removed, contributed in a much greater degree to this result. As late as the middle of the last century, the patients were crowded together, without any distinction of disease, or any regard for the consequences which invariably arise when sufficient space is not allowed for a free circulation of fresh air through the wards. At that time the hospital was surrounded by houses; the number of beds was double what it is at present; patients affected with contagious diseases and mental alienation, the old and infirm, lying-in women, in short, those laboring under every possible disease, were indiscriminately admitted, and crowded together, four in each bed, and on some occasions six, or even more.

But these and many other abuses have been long since removed; and the Hotel Dieu is now not only the hospital where the patients are best treated, but one of the most healthy in the capital.

The number of beds amounts to a little more than 1000; and the service of the hospital is administered by three surgeons, ten physicians, nineteen internes, and eighty-four externes and eleven en pharmacie. In the year 1833, the number of patients admitted was 16,992, of whom 1783 died, giving a mortality of 1 to 9.5. Adynamic fevers and hospital gangrene, once so frequent, are now rarely seen; but inflammations of the internal viscera are very frequent after surgical operations. For the last fifteen years the body of every patient who died in the hospital has been carefully examined; and the autopsies have clearly shown this remarkable circumstance, that the greater number of those cut off during the after-treatment of surgical disease, fell victims to an inflammation of the chest, abdomen, or some other internal viscus; hence general and local bleeding, refrigerants, counter-irritants, &c., are very generally used; while, for nearly 3000 patients, not more than a pound of bark internally, and a few pounds externally, are consumed during the course of the year.

The surgeons of the *Hotel Dieu* are MM. Dupuytren, Breschet, and Sanson, who divide between them about 224 beds. It is unnecessary for us to say anything of the first, who is already sufficiently known as one of the most distinguished surgeons in Europe. Before his late illness, M. Dupuytren used to lecture five times a week, and spend at least four or five hours per day in the hospital; his methods of treating artificial anus, spots in the cornea, gangrena senilis, &c. are familiar to every one.

During the year 1822, 280 cases of fracture were treated in the hospital, almost all by simple position of the limb; and fractures of the neck of the femur and humerus, exclusively in this manner. During the same year there were 111 amputations of limbs or tumors; 62 operations for cataract; 33 for strangulated hernia, and 8 for stone. The amputations are generally made with the circular flap; the cases of hernia are operated on at a very early period, and the operation of depression is the favorite one for cataract. The operation for the stone succeeds, according to M. Dupuytren's account, in five-sixths of the cases; for hernia, in three-fifths; for cataract, in seven-eighths: and that for fistula lachrymalis, by the introduction of a canula of gold or platinum, in nineteen-twentieths.

M. Breschet, the second surgeon, is also well known by his works on comparative and pathological anatomy ; he has lately introduced a new method of treating varicocele by compression ; the good effects of which may be daily seen in his wards.

M. Sanson, in addition to his clinical lectures, has also established, at the hospital, a clinique for diseases of the eye.

The medical service comprises ten physicians, who have between them 776 beds : the number of patients in the medical wards amounts to about 9000 per annum ; and the mortality is as one to thirteen. Of the physicians, we can only mention M. Chomel (who delivers an excellent clinique three times a week, and who is favorably known by his works on general pathology and typhous fever) ; M. Magendie and M. Recamier ; the latter practitioner employs, with much success, compression, in the treatment of cancerous affections, and is a strong advocate for cold affusion in cases of fever. Besides the clinique of M. Chomel, which he delivers as Professor to the School of Medicine, MM. Piorry and Trousseau lecture three times a week on the patients confided to their care.

[To be continued.]

## EJECTION OF A STONE FROM THE RIGHT BRONCHUS, BY EMETICS.

BY CHARLES J. H. RAY, OF TONBRIDGE, ENGLAND.

JONATHAN BUMPSTEAD, a delicate-looking boy, *ætat.* 10, was on the 20th of August in perfect health. While rolling upon the grass that day, in sport, and having a stone in his mouth, he attempted to call out, when the stone suddenly disappeared from the mouth, and produced by its new position an immediate sense of suffocation, succeeded by frequent and violent paroxysms of coughing, dyspnoea, profuse perspirations, and complete inability to lie in the horizontal posture. Several practitioners were forthwith consulted, and aperients with other means were prescribed, in the hope of obtaining the passage of the stone, but without effecting that object, or in any way mitigating the distressing symptoms. I first saw him early in November, about twelve weeks after the occurrence of the accident, and feeling much interested in the case, from the preceding history, I was induced to pay attention to it, as it was then evident that his constitution could not long bear up against such continued suffering. He was much emaciated, had repeated fits of coughing, with copious frothy expectoration and dyspnoea ; he was unable to run, or to walk fast, appeared much distressed in ascending the stairs, and could not lie in the horizontal posture ; his pulse was small and frequent ; tongue whitish ; bowels regular ; urine scanty and high-colored ; perspiration profuse. He complained much of thirst, and felt a disinclination for nourishment. On auscultating either side, the loaded mucous rattle, so characteristic of sub-acute bronchitis, was distinct ; but in the right superior thoracic region a peculiar loud wheezing, as though caused by some uncommon obstruction, was evident. I marked the exact situation on his chest, with ink, where this peculiar sound appeared to originate, and on frequent subsequent explorations found it to be stationary. Consider-



ing the horizontal position of the body at the time of the stone passing from the mouth to have been favorable to its entering the trachea, with the inclination of that passage to the right side as it enters the chest, as also the increased size of the right bronchus when compared with the left, I felt satisfied that it must have taken that uncommon course, and was there producing the peculiar loud wheezing which I have described. I proposed a perseverance in the use of emetics, as alone likely to prove serviceable. This was willingly acceded to, and he commenced with the tartrate of antimony and ipecacuan, in full nauseating doses every other morning. Finding, however, that these produced much after-excitement, I discontinued their use, and suggested the employment of the sulphate of zinc, which answered my intent equally well, without producing the same unpleasant consequence. This plan was persevered in every other morning, for nearly three weeks, when, after having taken a full dose attended with violent retching, he ejected the stone, to the comfort and delight of himself and his friends, who instantly apprized me of the circumstance, bringing the stone with them, which I have now in my possession. In size and shape it much resembles a small date stone, and weighs half a drachm. The following day, on applying the stethoscope over my *ink mark*, I could discover no obstruction as before the ejection of the stone, nor any variation from the opposed side. He complained of considerable heat in the chest after the stone was removed, but he can now lie in the horizontal posture, run up-stairs without inconvenience, has little or no cough or expectoration, and appears to be rapidly convalescing, after about sixteen weeks of severe suffering.—*Lancet*.

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#### A SINGULAR CASE OF DISLOCATION OF THE LENS IN BOTH EYES.

BY JOHN WATSON, M.D. OF NEW YORK.

BENJAMIN WILCOX, a seaman, in the New York hospital, born in New England, aged 30, has had a tremulous irides as long as he can recollect. His sight has always been weak. About ten years ago he received a blow from a rope which brought on inflammation. Since the receipt of the injury, these frequent attacks have materially injured his vision, and for the last seven years this eye has been of little use, although there is still a slight degree of vision remaining. The cornea is clouded, and the whole anterior chamber has a dull bluish cast. But what is most singular, is, that when he entered the hospital, May 20th, 1832, the lens was discovered in the anterior chamber of the aqueous humor, floating before the relaxed and tremulous iris. On the day subsequent to this, no appearance of the displaced lens was to be discovered. For dilating the pupil the eyelids were besmeared with the dilute extract of stramonium, and again on the second day after admission the lens was found floating in front of the iris; it appeared to have lost its translucency. The patient was directed to recline backwards; and in doing so, the lens also fell backwards into its natural situation. Until within a few days of his admission, the patient was ignorant of this condition of his left lens; but he stated that for three and a half years he had had a similar displacement

of the lens of the other eye ; but at present the right eye is clear, and in every respect appears perfect, with the exception of the tremulous condition of the iris as before noted ; yet the patient has very imperfect vision in this organ, for although it is more useful to him than his left eye, he has still not sufficient light to distinguish letters even of the largest print. The lens of the right eye, as he says, disappeared from the anterior chamber a few days before he entered, and it has not since fallen forward ; according to his own report, he can plainly discover it, apparently like a bright round spot in one corner of the eye. Both irides are nearly immoveable by this impression of light, yet the pupils do contract just sufficiently to be observed when the eyes are suddenly opened. There appeared to be no reason for doubting the patient's statement in relation to his right eye. Thousands, he says, have examined it, and many physicians of New England have taken minutes of his case. They have probably not noticed the like affection of the right eye, owing to the dimness of the cornea. His first notice of this peculiar affection was a severe and sudden pain in the eye while he was stooping forward. On requesting some one near him to look into the eye, he was informed that a little bag of water hung immediately before the sight. He lay down, covered his face with two or three folds of a handkerchief, and all at once the pain subsided, and the little bag of water disappeared. Subsequent to this, whenever he stooped, especially if in a dark place, or during a dark day, the lens would fall forward. In clear weather this was not the case, and on cloudy days, if the lens was not down, he could at will displace it, and this he was often induced to do, to satisfy the curiosity of his friends, or of strangers. But while the sun shone, or in a strong light, he could not do this. While the lens is down, there is always pain in the eye. We have tried the effect of convex glasses, and his sight is much better when he wears them. He is a stout, healthy man, and has never suffered from any constitutional disease. He had visited the Eye Infirmary prior to admission, but neither there nor at the Hospital was it considered proper to attempt any operation for his relief.

*Note.*—For another case of the preceding affection, see *Medico-Chirur.* April, 1833, page 299, from Damour's.

*United States Medical and Surgical Journal.*

## A CASE OF ENCYSTED TUMOR SITUATED IN THE BICEPS-CRURIS MUSCLE.

BY J. P. METTAUER, M.D. PRINCE EDWARD COUNTY, VIRGINIA.

[Communicated for the Boston Medical and Surgical Journal.]

THE case which forms the subject of this communication, had existed about fifteen years. The patient, at the time the operation was performed, was about fifty years of age, of sound constitution and good general health. The history furnished (by the patient himself) was, that about fifteen years ago, while sustaining a heavy weight, he felt something give way in the thigh, a little above the ham, causing him to sink under his burthen ; attended with severe pain at the time, and succeeded by lame-

ness of some days duration, with evident and well-defined soreness about the spot. The soreness as well as the lameness subsiding after a week or two, no further notice was taken of the injury for several months. At this time a small tumor was discovered, and seemed to occupy exactly the situation in which the sensations of giving way and pain had been felt. When first perceived, the tumor was about the size of a nutmeg, hard, and regularly formed. From this period it enlarged progressively, but slowly, impairing the motions of the limb, and becoming more and more painful as it increased in size. About a year before the tumor was removed, its growth was rapid, and it was very painful at times.

When I examined the case, an enlargement presented, fully eleven inches in length, and four or five in thickness, of unequal surface and very firm and elastic. The tumor occupied fully three-fifths of the biceps-flexor-cruis; extending, by a bagging elongation, below the ham. Long pressure in the ham had interrupted the circulation so as to dilate the veins below it, which in many parts of the leg, were in a varicose state. The motions of flexion and extension, though they varied its firmness and prominence, did not materially change the position of the tumor; it was less fixed and hard when the limb was flexed, and could also be made to glide from side to side when in this position.

The magnitude of the tumor, its progressive and rapid growth, together with the increasing pain and helplessness of the limb, determined me to attempt its removal, which was executed as follows. The patient was extended on a long table, with his back uppermost. A longitudinal incision was now made, commencing two inches above the femoral extremity of the tumor, and continued three inches below the ham. A transverse section was next made on one side, a little exterior to the outer margin of the biceps. These several incisions were carried cautiously through the integuments and cellular substance until the surface of the tumor was distinctly perceived. The flaps were then dissected back on each side low enough to expose the whole of it, as far as its imbedding between the hamstrings would permit. Upon a careful examination of the surface of the tumor now, it was discovered that muscular fibres, greatly extended and attenuated, formed its surface; and by tracing the tumor, it was ascertained that the biceps-flexor-cruis was its exclusive seat. Some embarrassment and perplexity was here experienced as to the nature of the case. The idea that the muscle might be in a state of hypertrophy afforded the best, but not a satisfactory explanation. It was, however, determined to cut into the tumor in the direction of the fibres of the muscle, to ascertain, if possible, its nature. Accordingly the scalpel was introduced, by cautious dissection, and its entrance into a cavity was announced by the gush of blood and a thick fluid of a brownish complexion. The opening being enlarged sufficiently to admit the finger, its introduction discovered the existence of an extensive cavity. The semi-fluid which had continued to issue being now carefully pressed out, the opening was enlarged by extending the incisions quite to the extremities of the emptied cavity. After sponging out the wound, it was ascertained that a cyst, varying from one quarter to one half of an inch in thickness, bounded the cavity in which the matter had been confined. The next step in the operation was to dissect away the cyst, which was accom-

plished with some difficulty on account of its great extent and deep imbedding between the hamstrings. Its removal was, at length, effected; and upon examining the cavity from which it had been taken, it was satisfactorily ascertained that the cyst had been surrounded and covered in every part by the fibres of the biceps, and that the tumor must have originated within the belly and substance of the muscle. The cavity was cleared of blood; and as no arterial jets could be perceived, ligatures (of course) were not required, the bleeding being only of the oozing character. The flaps, which had been turned back, were now brought together and retained in apposition by stitches of the interrupted suture, supported by adhesive straps, compresses and bandages.

The man suffered much during the operation, became faint, and required diffusible stimulants to restore the exhausted and sinking energies. Reaction came on after a short time, and the patient became comfortable, except the usual pain and smarting always succeeding surgical operations. Little traumatic fever followed, scarcely exceeding the elevated excitement of health. The pain of the muscle continued for some days. In six days the dressings were removed; at which time, most of the wound had united by the first intention. In ten days from the time of the operation, the wound had healed, except a part of one of the flaps, which from its extent, extreme thinness, and feeble circulation, became gangrenous and sloughed. At the date of this communication the man is well.

*Remarks.*—In the foregoing case there can be little reason to doubt that the tumor originated in rupture of some of the central fibres of the biceps-cruis, and that the accident must have occurred when the sensations of pain and giving way were first felt in the thigh. It is also very probable that effusion of blood took place at the same time into the cavity of the wound, which we may suppose was formed by retraction of the ruptured fibres of the muscle. The cyst which bounded the tumor, and constituted the parietes of its cavity, must have resulted from coagulable lymph, effused by the capillaries of the wounded and newly created surfaces during their adhesive efforts in a state of inflammation. Poured out from, and deposited upon these irritated and inflamed surfaces, the lymph became organized (as in ordinary cases, when it is the bond of union of divided parts), simply by elongation and extension into it, of the arterial and nervous capillaries of the supporting textures. But, in the present case, the surfaces not being allowed to approximate and reunite, in consequence of the contractions of the biceps, from the unrestrained motions of the limb, and the effused blood, the lymph became organized upon the surfaces of the wound, and formed into a membrane. Once formed, the actions of the cyst were maintained by an independent interstitial and irritative vitality, presiding over its economy, which, though feeble and imperfect, effected (nevertheless) its farther development and growth; and enabled it, likewise, to resist the absorbing powers of the surrounding textures. The internal surface of this newly-formed membrane possessed, also, absorbing and secreting properties; and to the latter, the fluid (which filled the cavity and mainly influenced the enlargement of the tumor) must be attributed.

A cyst formed according to these views, may be regarded as a decidu-

ous membrane, originating from inflammation induced in unnatural or accidental surfaces, kept asunder, disturbed and irritated, during the efforts of the adhesive inflammation. That such was the process in the formation of the cyst and tumor, of the preceding case, is at least probable.

The accident which originated the foregoing case is one of not very infrequent occurrence. I have myself known several instances of it ; but a similar result has never before been witnessed by me. Having once been followed by troublesome, nay, dangerous consequences, the accident might again present a case similar or even of a more serious character. For this reason chiefly the case has been regarded as fraught with some interest, and communicated to the medical public with the following remediate suggestions.

After all such accidents it might be advisable to restrain the patient, as in cases of fracture ; to support the injured parts with compresses, rollers and splints ; and to maintain such confinement as the severity of the case may seem to demand. Should fever, or any other constitutional disturbances, occur, they should be promptly met by appropriate remedies. Every measure calculated to promote reunion should be adopted and rigidly enforced.

February 18, 1835.

# MEDICAL QUESTIONS.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—Reports not unfrequently reach us of certain individuals who have fallen victims to a prescribed course of regimen. These persons are said, by gentlemen who are entitled to the fullest confidence, to have pertinaciously followed the course till they reached a point of reduction from which there was no recovery. If these are facts, they ought to be collected and published. And I beg leave, through your Journal, to request my medical brethren, if they have been called to advise in such cases, that they will have the kindness to answer, briefly, the following interrogatories, by mail, as early as convenient.

Should the substance of their replies ever be embodied in a small volume, they will not only receive a copy and the thanks of the author, but will have the pleasure to know they are assisting in the settlement of a question of great interest to the country. If it should appear probable that their patient was laboring under a decline at the commencement of the change of diet, this ought in candor to be fully disclosed.

It will be perceived, by the tenor of the questions, that they are designed to embrace not only unfortunate results of a change of diet, but such as are favorable. There are, in our community, considerable numbers who have entirely excluded animal food from their diet. It is exceedingly desirable that the results of such experiments, so difficult to be found in this land of plenty, should be ascertained and thrown before the profession and the community. Will physicians, then, have the kindness, if they know of any persons in their vicinity who have excluded animal food from their diet for a year or over, to lend them this number

of the Journal, and ask them to forward to Milo L. North, Hartford, Conn. as early as convenient, the result of this change of diet on their health and constitution, in accordance with the following inquiries.

1. Was your bodily strength either increased or diminished by excluding animal food from your diet ?
2. Were the animal sensations, connected with the process of digestion, more—or less agreeable ?
3. Was the mind clearer ; and could it continue a laborious investigation longer than when you subsisted on mixed diet ?
4. What constitutional infirmities were aggravated or removed ?
5. Had you fewer colds or other febrile attacks—or the reverse ?
6. What length of time, the trial ?
7. Was the change to a vegetable diet in your case preceded by the use of an uncommon proportion of animal food, or of high seasoning or of stimulants ?
8. Was this change accompanied by a substitution of cold water for tea and coffee during the experiment ?
9. Is a vegetable diet more—or less aperient than mixed ?
10. Do you believe, from your experience, that the health of either laborers or students would be promoted by the exclusion of animal food from their diet ?
11. Have you selected, from your own observation, any articles in the vegetable kingdom as particularly healthy or otherwise ?

N. B.—Short answers to these inquiries are all that is necessary ; and as a copy of the latter is retained by the writer, it will be sufficient to refer to them numerically, without the trouble of transcribing each question.

*Hartford, February 25, 1835.*

## BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 11, 1835.

### STATE LUNATIC HOSPITAL AT WORCESTER, MASS.

WITHIN a few days, a friend has kindly sent to our address the second annual report of the superintendent of this humane institution, Samuel B. Woodward, M.D. It includes the time between Dec. 1st, 1833, and Nov. 30th, 1834, and is well worth the perusal of the professional, as well as the general reader.

From an accurately drawn tabular statement, appended to the treasurer's report to the Executive, it appears that during the period adverted to, *two hundred and seventy-two* lunatics were received at the hospital. Of this catalogue, it is curious to remark that *one hundred and thirty-seven*, two more than one half of the whole, were single persons ; and only *fifty-seven* out of the whole number, had husbands or wives living at the time. Careful observation has long since demonstrated the fact that the unmarried, both male and female, are more liable to become insane, from all causes, than the married.

It is no less interesting, in a statistical view, that exactly *twelve widows* and the same number of *widowers*, were inmates of the asylum ; but the causes producing insanity in the two, were widely different. The widows were lunatics, mostly, from an *unknown* cause ; the widowers, on the other hand, in a majority of cases, became insane by excessive drinking.

The most frequent cause of insanity in the ancient Commonwealth of Massachusetts, the land of the pious pilgrims—and with shame it is spoken—is *intemperance*, that horribly debasing vice, which saps the foundation of reason, and makes man a beggar, a brute, a criminal, a fury, and everything, in turn, which is loathsome and abominable in the estimation of a virtuous mind.

The next, assuming to become one of the principal causes of insanity, in a cultivated, intelligent, christianized community, strange as it may appear, has its origin in the very lowest propensities of animal nature ; and it is therefore the more shocking to reflect upon the sad havoc which is continually made of both body and soul by this solitary vice, that invariably prostrates the physical and intellectual powers, and leaves the self-polluted wretch, in the sequel, a burden to himself and a reproach to our imperfect systems of moral education.

We admire the plain, business-like paper of the trustees, who present at once a chart of all that is important to be known.

“The class of *incurables* now embraces, and probably always must embrace, a large proportion of all the inmates of the hospital. This fact is an important one in reference to the success of the Institution. Of the whole number, *one hundred and eighteen*, in the hospital, over *seventy* belong to this class. Whilst the return of so large a body of our fellow-beings to the bosom and business of society, is for the most part hopeless, the State may well console itself with the reflection that their condition here is very essentially improved. The maniac of the most ferocious character, has here been, not indeed cured, but tamed and restored to the comforts and decencies of life.”

In the following extract they have certainly given the higher authorities of the State some valuable information, for which physicians will feel equally obliged.

“During the past year, *one hundred and nineteen* patients have been received into the hospital ; of these, *fifty-five* were old cases, and *sixty-four* recent ones. In the same period, *one hundred and fifteen* have been discharged ; of these, *forty-nine* were old cases, and *sixty-six* recent ones. Of those discharged, *sixty-four* were cured—*twenty-two* improved—*sixteen* stationary—*four* idiotic—*eight* have died, and *one* has eloped. The cures amount to *fifty-five and three-fourths* per cent.

By an examination of the tables of *fourteen* French, and *twelve* English hospitals, only *two* are found—*one* English and *one* French—in which the proportion of cures is a very little larger : and both of these were private institutions, where a selection of patients could be made. In *five* American hospitals, running through a period of more than one hundred years, the proportion of cures is less.

Of the *forty-nine* old cases, discharged during the year, *ten* have been cured, *sixteen* improved, *fourteen* are stationary, *four* have died, and *one* has eloped—the cures amounting to *twenty and a half* per cent.

Of the *sixty-six* recent cases, *fifty-four* have been cured, *six* improved,

two stationary, and four have died—the cures amounting to *eighty-two and a quarter per cent.*

The average of recoveries in this hospital (55 3-4 per cent) may very properly be contrasted with that of several foreign public hospitals. In *thirteen* in Great Britain, the average is 35 per cent. In *five* French hospitals, it is 43 per cent. In *four* in Germany, it is 31 per cent.

The average number of patients in this hospital, during the year, has been *one hundred and seventeen*. Of these *eight* have died, which is a proportion of *one in fourteen and five-eighths*, or 6 4-5 per cent. In French hospitals, where the tables have been examined, the average of deaths is *twenty-two per cent*; and those of England *twenty-four per cent.*

The number of town paupers in the hospital, at the close of the year, was *forty-seven*; and of State paupers, *thirty-two*. *Eleven* have been received during the year by order of the higher courts. Of the *two hundred and seventy-two* patients, that have been in the hospital, *one hundred and sixty-three* were admitted by judicial authority, and *one hundred and nine* were private patients; *one hundred and sixty-five* were males, *one hundred and seven* females. *One hundred and seventeen* were recent cases; *one hundred and fifty-five*, old ones. Of the *thirty-six* charged with high offences, who have been committed to the hospital since it was opened, *eighteen* attempted homicide, and *nine* actually committed the crime."

New edifices are undoubtedly required, in order to meet the original design of the legislature, and the constant demands upon the institution.

"It has already been stated, that the hospital has been constantly full during the past year. For a period of *five* months, an accurate record was kept of the number of applications for admission. The whole number was *ninety-three*: of these, *forty-seven* individuals were received, and *forty-six* were necessarily rejected for want of room. Within the main building, consisting of six extensive galleries for the accommodation of the inmates, it is found impossible to maintain the classification which is desirable and important. The proportion, too, of males to females, being very nearly *two to one*, renders it necessary to bring the latter together in two of the galleries, making thereby the classification still more incomplete. Convalescents are compelled to intermingle with the unquiet and excited, and many inconveniences are felt, which cause the appliances of art and skill to be less promptly effectual, than they would be under other and more favorable regulations. These inconveniences may be remedied, and the general arrangements of the hospital be improved, by the erection of two additional buildings—one for the reception of convalescents, and the other for the incurable."

For the support of the entire institution the past year, which reflects so much honor on the wisdom and humanity of the State, only \$18,972 87 were required. There is but *one mean piece of economy* discoverable in the whole establishment, which for the credit of the State government should in future be kept out of sight—viz. allowing Dr. Woodward, the able and scientific superintendent, the pitiful sum of *twelve hundred dollars* for a salary! If the doctor should again commence private practice, his income would be worth five thousand dollars a year to begin with.



## LECTURES AT THE EYE INFIRMARY.

BY JOHN JEFFRIES, M.D.

*THE Fourteenth Lecture* treated of Hypopium, or deposit of matter in the anterior chamber of the eye. Three sources were assigned from which the matter might be formed ; and in either case, inflammation of a grave character was always present. The nature of the discharge was remarked by the lecturer to vary in different cases, and was probably dependent upon the seat and degree of the inflammation. Having detailed the symptoms usually attendant upon hypopium, Dr. Jeffries proceeded to point out the rational principles upon which the treatment should be conducted. Active and efficient treatment was strongly urged, and strict attention on the part of the patient. The illustration of this disease was concluded with the relation of a case in point.

**Staphyloma.**—Having given a concise definition of the term, the lecturer proceeded to state its history and treatment. Two forms of Staphyloma were recognized, under the names of Conical and Spherical Staphyloma, and the mode of formation of each kind was described. The fallacy of the treatment which depends upon the application of escharotics, and upon scraping the cornea with a view of removing this disease, was made apparent. The radical cure of Staphyloma was clearly shown to be excision of the diseased parts. The nature and manner of performing the operation were fully explained, and evinced a thorough and practical acquaintance with the subject on the part of the lecturer.

Some interesting cases of Congenital Staphyloma (a rare occurrence) were related, after which, the remaining portion of the hour was devoted to the subject of granular lids with vascular cornea. The importance and frequency of this sequela of acute conjunctivitis with purulent discharge, was commented on ; and the nature of the disease, as well as the mode of examination in such cases, were particularly described. The character of the discharge from the diseased lids was noted as peculiar, and a description was given of the appearance of the eye, with the train of distressing symptoms invariably attendant. The effect of the disease upon the general health of the patient was noticed, when Dr. Jeffries proceeded to the details of the treatment. The treatment recommended and pursued daily at the Infirmary with success, at first had in view, he stated, the removal of all inflammatory symptoms, and then of the immediate cause of the irritation. The means for fulfilling the latter indication were pointed out, and some very important observations were made upon the operation of division of the enlarged vessels upon the sclerotic conjunctiva.

## A .MEDICAL EDIFICE.

In the doings of the Mayor and Aldermen of Boston, the last week, is noticed an application in behalf of the Massachusetts Medical Society, to purchase the Adams School House, located in Mason Street, for the use of the Society. We know not with whom this scheme originated, but we are bold to say, that, for the honor of the Society, we hope no such bargain will be made. The proposition presupposes the actual possession of a sum of money large enough to provide the Society with proper accommodations. Let a building therefore be erected in some central place, the architectural exterior of which shall give evidence of its origin in a

civilized age, and not run hap hazard into a miserable contract for a gloomy old school house, crowded in behind the kitchens of Colonnade Row. Surely, the actual cost of fitting up that barricaded edifice would drag heavily upon the treasury ; and when all was done, it would be anything but a convenient or beautiful structure. It is evident that a small building only is required—for what is there in the archives of the Massachusetts Medical Society, either so bulky or so precious as to demand a colossal house to shelter it ? Nothing—and economy, as well as good taste, clearly shows that the Adams School House is not a desirable acquisition. When the fellows come together at the annual meeting, they will look into the matter with argus eyes—and select, too, so it is opined, a spot within this enterprising city in which the solar rays can reach a window, and the country members discover the front door without the vicarious aid of a branch pilot.

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*Editorial Dignity.*—The well-known editor of the London Lancet has been elected a member of Parliament from the borough of Finsbury. This is an unusual distinction for a medical man, and seems, from the address of the gentleman to the independent electors, his constituents, to be particularly gratifying to his ambition.

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*Small Bleedings.*—Prof. Thompson, in his sixth lecture at the North London Hospital, remarks, that the abstraction of a small quantity of blood does not debilitate ; on the contrary, by unloading the minute overburdened vessels, it restores their activity, and thence, often, the best mode of *making a man plethoric*, is to bleed him moderately every alternate day.

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*Bad tendency of Rest in Inflammation.*—In a very ingenious paper on the influence of the antiphlogistic system in the treatment of diseases, by Henry Searle, Esq. surgeon, of Kensington, under date of Jan. 17th, he expressly declares that *rest* is injurious in cases of inflammation. In health, *exercise* is allowed to give general circulation to the blood ; and in disease, it decidedly tends to prevent or correct the local accumulation of blood at the seat of the phlegmasia. *Rest* is, therefore, improper, so long as the invalid is capable of attending to his usual avocations. To this doctrine we fully subscribe, though it is the first time we have found good authority sustaining an opinion long since adopted.

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*Cholera in Marseilles.*—Though considerable alarm is manifested in that city, which has not been wholly free from the disease since its first appearance there, no cases had occurred, at our last accounts, in any of the prisons or hospitals ; nowhere, in fact, but in the lowest abodes of wretchedness and filth.

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*Use of Caustic.*—On the 5th of January, at a meeting of the Academy of Sciences, M. Tauchon presented a new instrument for introducing caustic into the urethra. We take no sort of interest in knowing how it is constructed, fully believing caustic never ought to be inserted there, and that it would, under any circumstances, be just about as safe to thrust in a red hot wire, as caustic.

Record of Meteorological Observations for February, 1835.

1835 Feb'y	THERMOMETER.			BAROMETER.			Appearance of the Atmosphere	Wind	Rain	Memoranda, &c.
	Min.	Max.	Mean	Min.	Max.	Mean				
Sun. 1	29.00	35.00	30.50	29.35	29.55	29.450	Cirri	NW		& S W. Th. 26° at 9h a.
Mon. 2	24.00	30.00	29.00	29.60	30.08	29.840	"	"		C.c.s. m. Th. 16 at 9h a.
Tues. 3	10.50	21.00	15.00	30.20	30.25	30.225	Cumuli	"		Ther. 9° at 9h a.
Wed. 4	2.50	10.00	6.25	29.90	30.10	30.000	"	"		
Thur. 5	4.00	23.00	13.50	29.88	29.92	29.904	"	SW		D m.
Frid. 6	13.50	30.00	21.75	29.85	29.95	29.900	Cir. c. strat.	NE	.30	Snow [9h a.
Satur. 7	21.50	32.00	23.50	29.58	29.68	29.630	Cumulus	SW	.01	Slight snow. Th. 15° at
Sun. 8	3.50	13.00	8.25	29.55	29.75	29.650	Cumuli	"		A severe gale
Mon. 9	4.00	23.00	13.50	30.05	30.10	30.075	Cirrus	"		
Tues. 10	7.00	24.00	15.50	30.12	30.15	30.135	"	NW		Stratus, m.
Wed. 11	6.50	31.00	18.75	29.75	30.02	29.885	Cirro cumuli	SW	.10	Snow, a.
Thur. 12	17.00	27.50	22.25	29.72	29.85	29.785	Cumuli	NW		
Frid. 13	15.00	38.00	26.50	29.70	29.85	29.775	Cir. c. strat.	SW		
Satur. 14	31.50	33.00	25.50	29.90	30.40	30.150	"	NW		Ther. 18° at 9h a.
Sun. 15	7.00	16.50	11.75	30.45	30.50	30.475	"	"	.02	Snow
Mon. 16	14.00	28.00	21.00	30.28	30.40	30.340	"	"	.10	Hail and snow
Tues. 17	25.00	31.50	28.25	29.90	30.25	30.075	"	"	.40	Rain and sleet
Wed. 18	30.00	25.00	27.50	29.65	29.78	29.715	"	"	"	NE, m.
Thur. 19	31.00	42.00	36.50	29.70	29.95	29.825	"	"	.10	( a. Snow, m.
Frid. 20	29.00	40.00	33.25	30.20	30.38	30.290	Cirri	"		Ther. 26° 50 at 9h a.
Satur. 21	27.00	42.00	34.50	29.95	30.30	30.125	Cir. c. strat.	SW		
Sun. 22	35.00	50.00	42.50	29.68	29.92	29.800	"	"		
Mon. 23	36.00	34.00	33.00	30.05	30.30	30.175	"	NW		Ther. 30° at 9h a.
Tues. 24	30.00	33.00	31.50	30.30	30.34	30.320	"	"		
Wed. 25	30.50	28.50	34.50	29.93	30.30	30.115	"	SW	.01	Slight snow, m.
Thur. 26	27.00	33.50	28.25	29.93	30.05	29.990	"	NW		Ther. 23° at 9h a.
Frid. 27	14.00	15.50	13.50	29.75	30.05	29.900	"	"	.55	NE, m. Om. Snow. Th.
Satur. 28	4.50	20.50	12.50	29.75	30.00	29.875	Cumuli	"		NE, m. [12° at 9h a.
Aggrg.	18.91	28.58	23.180	29.88	30.08	30.0718	Cir. c. strat.	NW	1.59	

Result.—Mean temperature, 23.180. Maximum, 22d, wind SW, 50.00. Minimum, 4th, wind NW, 2.50. Greatest daily variation, 13th, wind SW, 23.00. Least daily variation, 14th and 27th, wind NW, 1.50. Range of thermometer for the month, 47.50. Decrease of mean temperature from Jan. 3.045. Prevailing atmosphere, cirro-cumulo-stratus (cloudy).—Mean atmospheric pressure, 30.0178. Maximum, 15th, wind NW, 30.50. Minimum, 1st, wind NW, 29.35. Greatest daily variation, 14th, wind NW, 0.50. Least daily variation, 10th, wind NW, 0.03. Range of barometer, 1.15. Increase of atmospheric pressure from January, 0.0564. Prevailing wind, NW. Rain, &c. 1.59 inches. Comparative with February, 1834.—Mean temperature, 33.800. Maximum, 32.00. Minimum, 6.00. Prevailing atmosphere, cirro-cumulo-stratus (cloudy).—Mean atmospheric pressure, 30.0116. Maximum, 30.50. Minimum, 29.65. Rain, 1.47 inches. Prevailing wind, NW.

Fort Independence, Boston, March 1, 1835.

B.

**Traumatic Tetanus.**—When a continued convulsion supervenes on lesion of structure, it is said to be, says Mr. Liston, *traumatic*, pertaining to a wound, and this form of disease is either acute, the spasms coming on suddenly, and involving all the muscles of the body in rapid succession—or, beginning more gradually, with less force, and after some considerable time, becoming universal. I have seen the disease, he remarks further, terminate fatally in forty-eight hours, from its first threatening.

**Compound Dislocation of the Elbow-Joint.**—This case shows the advantages which may sometimes be obtained from the expectant surgery in these dangerous accidents. The inferior extremity of the humerus had been driven completely out through the skin covering the front of the joint; the surgeon reduced the bone, brought the soft parts together, and applied a simple bandage, intending to wait the next day for operating. The pain, swelling, &c. which came on induced him to defer amputation; he bled the patient, and applied cold lotions to the part; the limb now became very tumid and cold, and covered with phlyctenæ; there was great fever and delirium, with ardent thirst, &c. Under these circumstances the surgeon thought it right again to luxate the bone, in order to remove all injurious pressure; this was done, and on the following day the pain, fever, &c. were less: in a few days the integuments about the wound mortified,

and the portion of exposed bone began to die. On the 21st day the surgeon removed with the bone-scissors a great part of the necrosed bone : after this operation the extremity of the bone was soon covered with healthy granulations ; the surface of the wound began to contract, and in a short time the patient was cured, with loss of the motions of the elbow-joint.—*Ann. Univers.*

**Vaccine Report.**—Dr. John A. Elkinton, Vaccine Physician for the Incorporated District of the Northern Liberties, Philadelphia, for the year 1834, reported the following number of persons successfully vaccinated by him since January 1, 1834, and ending December 31, 1834.

The whole number of persons vaccinated by him during the year, is *one thousand and sixty*, viz :—1st quarter, 617 ; 2nd quarter, 95 ; 3d quarter, 165 ; 4th quarter, 157 ; uncertain cases, 26.

Of these, 549 are males and 511 females, 973 white and 87 colored.

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Dr. Seeger's Communication will be in type next week.

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**DIED**—In Elizabeth City, N. C. Dr. Samuel S. Pool.—At Lexington, Ky. Raphael D. Mattingly, a student of medicine, in consequence of a wound received in a duel.—At Dennisville, Me. Benjamin Lincoln, M.D. aged 32, late Professor of Anatomy at Burlington College, Vt. Dr. Lincoln succeeded the late Dr. Wells at the University of Maryland, as lecturer on Anatomy, for one season.—At Baltimore, Dr. Caleb Jones, 26.

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Whole number of deaths in Boston for the week ending March 7, 20. Males, 11—Females, 9. Of lung fever, 7—old age, 2—debility, 1—typhous fever, 1—consumption, 5—scarlet fever, 1—croup, 1—affection of the brain, 1—unknown, 1. Stillborn, 2.

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## ADVERTISEMENTS.

### VACCINE VIRUS.

Physicians in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—inclusing one dollar. Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless some other mode of conveyance is directed. Ten charged quills, an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely packed in a letter. The gentleman who has undertaken to keep the virus, will faithfully supply that which is positively genuine and recently taken.

Boston, March 4, 1834.

### MODELS OF THE EYE AND EAR.

BROWN & PEIRCE, 87 Washington Street, up stairs, manufacture beautiful models of the human Eye and Ear, for the use of students in anatomy and operating surgeons. The eye, particularly, is considered exceedingly useful, as the anatomy, and the philosophy of vision, are plainly demonstrated. The internal ear is magnified two feet in length, from the meatus internus to the external ear—giving a diameter of four inches to the semicircular canals. These models are the invention of Dr. J. V. C. SMITH, formerly Professor of Anatomy at the Berkshire Medical Institution. Jan 21—tf

### TO PHYSICIANS.

A good situation for a physician is about to be vacated in a flourishing village in Worcester County, and within a few miles of the town of Worcester. The place may be secured for a moderate consideration if applied for soon. Applications made to the editor of this Journal, post-paid, will be promptly attended to. March 4.

An eligible country situation for a medical practitioner, in one of the eastern counties of Massachusetts, for sale. One desirous of purchasing, may obtain further information by applying at this office. Letters from applicants, post-paid, directed to the editor, will reach the advertiser without delay. February 18.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy, *gratis*.—Postage the same as for a newspaper.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. XII.]

WEDNESDAY, MARCH 18, 1835.

[NO. 6.]

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## THESES AT THE PARISIAN CONCOURS.

[See page 58.]

### THESIS OF M. VELPEAU.

#### ON THE OPERATION OF TREPPANNING IN WOUNDS OF THE HEAD.

THIS is by far the most voluminous of the theses to which the present concours has given birth. Indeed, few men but M. Velpeau could have collected in the short space of eight days the immense quantity of matter which is contained in the 270 octavo pages composing his thesis. At each moment we find quotations (page and volume given), the whole selected from the most celebrated writers of every nation; and if professional learning alone were to bear the palm, we should have no hesitation in according it to the author. Unhappily, however, he seems to have lost himself in the extent of his researches; and the thesis, though superior in many points, is deficient in the very essential one of clearness. The reader is confounded by a multitude of conflicting operations, and finds himself at last in the predicament of the Athenian sage, whose learning led to the very unsatisfactory conclusion "that he knew nothing."

The thesis is divided into four parts. The first is historic. In the second the author exposes at length the principles by which the surgeon should be guided in the application of the trepan. The third part contains an examination of the doctrines delivered up to the present day on the same subject by the best writers. The fourth part treats of the consequences of the operation. We commence our analysis:—

Wounds of the head sometimes require the use of the trepan, not exclusively on their own account, but rather from the accidents attending them. M. Velpeau, therefore, commences by passing in review the different complications and consequences of wounds involving the soft or hard parts of the skull. It is impossible for us to follow the variety of details into which the author enters. We must content ourselves (though at the risk of being a little obscure) with endeavoring to arrive at his conclusions. In simple cases of wounds of the head, no surgeon thinks of trepanning; but in many cases the injury extends to the dura mater, the bone mortifies, and fluid is effused between the skull and dura mater; here is the first indication for the trepan established by the author, who maintains that necrosis of the two tables requires trepanning, whether there be symptoms of compression or not, and quotes three cases from his own practice where the patients died in consequence of his having neglected to operate.

**Fractures.**—M. Velpeau examines each species of fracture separately.

1st. *Of the External Table.*—These do not require the trepan (Astley Cooper), unless symptoms of suppuration of the bone or necrosis set in.

2nd. *Of the Internal Table.*—Though long debated, this fracture seems now established (Samuel Cooper). Whenever the symptoms are such as to give rise to the idea of a foreign body irritating the membranes, brain, &c., this fracture may be suspected, and the trepan applied to the injured point, although the external table is sound.

3rd. *Fissures.*—Simple fissure does not require the trepan ; we should wait for symptoms of effusion, &c. ; but when the fissure is large, blood is almost always effused between the bone and dura mater. In the latter case many surgeons reject the trepan, saying the fracture is sufficient for the discharge of the fluid ; others endeavor to enlarge the fissure. M. Velpeau prefers the trepan, when the blood is not freely discharged, and disapproves of all artificial separation.

4th. *Radiated Fracture.*—Sometimes this fracture is confined to a single bone ; sometimes it extends to several, radiating from the top to the base of the skull ; here the commotion and contusion of the brain are great, the effusion is disseminated ; the surgeon does not know where to apply the trepan ; however, a few applications may be risked, if he have reason to suspect a more considerable collection at one point than at another.

5th. *Depressions. Without Fracture.*—This accident, though formerly admitted by all surgeons, is now considered impossible in the adult. It cannot be produced on the dead body, and in the cases published there is no proof that fracture did not exist at the same time.

*With Fracture.* In these cases the application of the trepan is the general rule. The cases in which trepanning may be dispensed with are the exceptions.

6th. *Fractures from Gunshot Wounds.*—The trepan is often indicated in these wounds, on account of the nature of the accident. Injuries by a pointed weapon, as a sword, &c. do not require an operation by themselves ; when symptoms of effusion, &c. come on, it is time enough to apply the instrument.

7th. *Foreign Bodies : Solids.*—In wounds of the head various foreign bodies may indicate the necessity of applying the trepan, as splinters of a fractured bone, fragments of a necrosed bone, shot, balls, whenever they have not penetrated far beyond the wound, fragments of instruments, &c. In all these cases the use of the trepan is established without controversy.—*Liquids.* It may be laid down as a general proposition, that every effusion of any extent into the cavity of the skull requires the operation of the trepan. M. Velpeau examines the propriety of attacking by this means every variety of effusion—viz. of blood, between the dura mater and bone, into the serous cavity, into the substance of the brain, of pus in the same situations. As to the propriety of trepanning in cases where the blood is effused into the cavity of the arachnoid, Sir A. Cooper, Mr. S. Cooper, Abernethy, &c. reject the operation almost absolutely. M. Velpeau does not go so far. Whenever there are severe symptoms of compression he would trepan.

When effusion takes place in the substance of the brain, the wound is almost necessarily mortal ; however, the author thinks the trepan may be tried as a last resource, and quotes the case (from his own observation) of a young Englishman who shot himself in the temple with a pistol ; the ball came out near the sagittal suture on the same side, having traversed the whole of the cerebral lobe ; the hemorrhage was abundant, but death did not take place at once ; suppuration had time to be established ; the medullary substance presented itself at the openings, and considerable portions were removed ; finally, the patient was on the point of being cured, and would have certainly recovered, had it not been for the greatest imprudence on his part.

In the third chapter the author studies the propriety of the trepan in a pathological view—that is, according as there exist symptoms of compression, contusion, commotion, and inflammation.

M. Velpeau considers that foreign bodies, whether solid or liquid, act on the brain, not directly, but by the medium of another power, viz. the resistance of the osseous covering of the brain ; and hence trepanation has for its object, in cases of compression, not only the discharge of the foreign compressing substance, but also the destruction of the means by which compression is effected, viz. the resistance of the skull. This has been proved satisfactorily by the experiments of Fleurens. Hence, as a general thesis, the trepan is the best remedy against compression, whatever be its cause, degree, &c. This, however, does not establish the necessity of trepanning in all cases of compression, and the author satisfactorily explains how numerous cases may be cured without the trepan, when the symptoms are but transitory, the brain little injured, &c.

*Contusion* of the brain evidently requires the trepan, for the disorganized parts must suppurate and be discharged.

*Concussion*.—Here the trepan is never applicable, and M. Velpeau, following the advice of Abernethy, absolutely rejects it.

*Inflammation*.—When the traumatic inflammation is fully established and diffused, the trepan is not to be thought of ; but when inflammation is only threatening, or circumscribed, the operation should not be absolutely rejected. The patient, trepanned by Dease and Schmucker, recovered, although affected with meningitis ; and in going over the observations contained in authors, it is easy to see that wounds of the head, with an opening into the skull, are accompanied by less severe inflammatory symptoms than other wounds, and that the inflammation is less in proportion to the loss of cerebral substance. The twenty-two patients described by Paroisse (*Ob. de Chir.* 1806) had wounds of this kind ; they were all obliged to march above thirty leagues, without observing any regimen, yet twelve recovered.

After having quoted a variety of examples from Tulpus, Scutte, Schenk, Muys, Hoffman, Jeubeler, De Guise, &c. to prove this proposition, M. Velpeau explains it by the circumstance of the opening, which prevents any chance of compression, and this determines any inflammatory action to a circumscribed spot. Hence, without giving a fixed opinion, he thinks that the operation of the trepan should take rank amongst the remedies employed against inflammation of the brain following wounds of the head ; at least it is a new question to examine ;

and does not seem more frightful or irrational than the extensive incisions made to combat diffuse phlegmon of the extremities.

*Secondary Accidents.*—A patient may be perfectly well cured of his wound, yet after a variable number of months or years, experience symptoms sufficiently grave to require the trepan ; such as convulsions, tetanic affections, epilepsy, &c. These are generally produced by a splinter of bone, necrosis, separation of the dura mater, &c. The trepan should be applied if nothing exist to account for the symptoms, except the old wound, if the cicatrix be sensible, if there be œdema under it, or crepitation.

Having thus described the different lesions which may indicate trepanation, the author proceeds to study the symptoms of those lesions, which he reduces to irritation, compression, contusion, concussion, and inflammation. In chapter the fourth, the symptoms of each affection are described at length. Contusion of the brain, says M. Velpeau, is marked by a dull, deep pain, accompanied by numbness, pulsation at the corresponding side of the skull, a sensation of weight, cold, and pressure, about the wounded place. Whether these symptoms be accompanied by paralysis, convulsion, fever, or not, they indicate the existence of contusion, and the trepan should be applied. Where this operation has not been performed, nearly all the patients so affected have died. Chapter five contains an examination of the opinion laid down by several surgeons, that the trepan should never be applied, 1st. Over the sutures ; 2nd. The sinuses ; 3rd. The temples ; 4th. Over the passage of the middle meningeal artery ; 5th. Over the occipital protuberance, &c. ; 6th. Or when the effusion is at the base of the skull.

1. *Trepanning over Sutures.*—This question is now resolved by experience. No surgeon hesitates to trepan over the sutures if necessary. Guillemeau found himself obliged to do so in 1591 (*Œuvres Chir.* p. 659). Lusitanus applied the trepan over the sutures (*Portal*, t. i. p. 500). Finally, Thiriot, Morand, Wauner, and Hoffman, have followed the same practice. For each of these opinions, M. Velpeau quotes page and volume.

2nd. *Over Sinuses.*—There is no good reason for not trepanning over the sinuses. The least compression is sufficient to arrest the hemorrhage ; besides, it is easy to trepan over them, without wounding the cavity. Janson has done so to extract a ball. (*Compte rendu de l'Hôtel Dieu de Lyons*, 1822, p. 47.)

3. *Over the Temples, &c.*—M. Velpeau quotes an immense variety of cases to prove that the trepan may be applied over the temples without any danger or inconvenience. The same remark applies to the danger of wounding the middle meningeal artery ; hemorrhage from this vessel is rarely abundant ; besides, it is easily arrested. Beclard and Dubois found no difficulty in stopping it. (*Arch. Gén. de Méd.* t. 3. p. 377.) In two cases M. Larrey cauterized successfully with a stilet. (*Clin. Chir.*, t. i. p. 180.)

The trepan may also be applied, with proper precaution, over the occipital protuberance, and there is no point of the skull, except the base, where the use of the instrument is contra-indicated.

The third part is the most interesting portion of the thesis ; and had



the author possessed sufficient time to digest and arrange the quantity of matter he had collected, it would have formed a complete basis on which to form a definitive judgment. He examines successively the opinions of the most celebrated surgeons in England, Germany, and France, and endeavors to confirm, by an assemblage of facts, drawn from their practice, the principles laid down by him in the second part of the thesis. This is a monument of labor and learning, and deserves to be consulted by every surgeon.

Dease, like Desault, was an antagonist of the trepan. M. Velpeau analyses the twenty-five observations contained in his work, shows the reasons by which Dease was induced to reject the operation in many cases, and explains the causes of his ill success.

Twelve were cases of contused wounds without fracture ; nine died. M. Velpeau shows that all these had an inflammation either of the brain or membranes at the time of the operation, and not one had effusion of fluid ; in a word, the operation was by no means indicated. The second series of cases in Dease comprises eleven wounds of the head with fracture ; eight cases were trepanned and three died. And here, again, the operation was unnecessary in the majority of the cases, as eight were merely fracture of the external table.

The work of Pott, the great English advocate for the trepan, is analyzed with more care. M. Velpeau gives a concise account of twenty-eight cases detailed in that author, and shows what were the principles which guided him in the employment of the trepan. In these twenty-eight cases Pott only lost thirteen, and M. Velpeau points out how little influence the operation had in producing the deaths.

In spite of the sage reasoning of Pott, the doctrine of Dease prevailed in England, and was more or less adopted by Abernethy, J. Bell, Sir A. Cooper, &c. Abernethy rejected the trepan in cases of fracture with slight depression, and cited observations of this kind where the accidents supervening were few or none. In answer to this doctrine, M. Velpeau remarks that the observations of Abernethy are very incompletely given ; for he rarely ever mentions the depth of the depression, and refutes the objection of the danger of inflammation being produced by the trepan.

The opinions of J. Bell and A. Cooper are also submitted to a patient examination by the author. When the fracture is compound, and inflammation comes on, death (says Sir A. Cooper) is a necessary consequence, whether we trepan or not. If there be a wound with depression of the bone, it is better to elevate the fragments than apply any instrument. Sir A. Cooper says he has often met with depressions of the external table, the internal one being uninjured. He forbids dividing the dura mater if the surgeon do not find the blood between that membrane and the skull, and, finally, almost restricts the trepan to cases of compression where evacuations have failed.

We have been insensibly led to enter into a more detailed examination of the present thesis than we intended ; we must, therefore, hasten to the conclusions of the author. Having analyzed the opinions of the English surgeons, M. Velpeau turns to Germany, and gives the ideas professed by Klein, Eicheimer, Chelius, Zang, Beck, Behr, Steigmann, and Kleinert, favorers of the trepan, compared with the opposite doc-

trines of Graefe, Lowenhardt, Speyer, Schneider, Gadermann, Jæger, and Kern.

In France the doctrines of Desault, Giraud, and Larrey, are noticed, and the arguments of Marchand, Matter, Gama, &c. against the trepan, are answered.

It is unnecessary to mention, that during this long analysis of so many works, M. Velpeau endeavors to bring together the points which refer to his question, signalizes the true indications of operation, and distinguishes those cases where the instrument was rashly applied. Finally, the thesis is abundantly rich in observation, both original and quoted. We find no less than ninety-two cases of wounds in which the trepan had been applied, and which are given with all the necessary details.

The conclusions to which M. Velpeau comes are the following :—

#### *Indications for the Trepan.*

1. In wounds of the head with contusion of the bone, and detachment of the pericranium and dura mater.

2. Necrosis of the thickness of the bone.

3. Simple fractures, if accompanied by violent contusion, or effusion on the dura mater.

4. Fractures, with splinters of bone, when there is not a considerable space between the fragments.

5. Fracture with depression, unless there be no symptom of compression.

6. In cases of foreign bodies where they are not too deeply fixed.

7. In effusion, whatever be its nature or seat.

8. In all cases of compression, sufficient to trouble the cerebral functions.

9. In contusion of the brain, with symptoms of suppuration or paralysis.

10. In some cases of fixed pain, &c. under a point of the skull anciently wounded.

11. For convulsions or epileptic accidents depending on the same cause.

12. For the removal of fungous tumors, &c. which are developed on the dura mater after wounds of the head.

#### *Contra-Indications.*

1. When the contusion of the bone is slight and simple.

2. In fracture of the base of the skull, or if the injury extend there.

3. In simple uncomplicated fracture.

4. When the foreign body is lost in the brain.

5. When the effusion of blood or pus is diffused.

6. When the compression does not produce paralysis, and depends on a cause acting suddenly with its utmost energy.

7. In cases of concussion.

8. When there is general inflammation of the brain.

## DISEASES OF THE TEETH.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—Among the benefits we derive from the evils we suffer, it is not the least that we learn to feel for others. The misery I have experienced myself from defective teeth, prompts me now to comply with your invitation, expressed in the Journal of the 6th of last January, and to send you a few general remarks on the nature of the diseases of the teeth, and on the means to preserve them after becoming painful. If you find nothing new in this communication, it may be at least not unpleasing to you to have your opinion upon this subject confirmed by one, who reprobates as much as yourself the extraction of defective teeth as soon as they become painful, and the destruction of organs so useful for preparing our food for digestion, so necessary for the articulation of our language, for the formation of the symmetry of the human countenance, and conducive to our sense of hearing.

If we examine the symptoms, and inquire into the causes of toothache, we shall in most cases discover that this disease, like any other, is either idiopathic or sympathetic, and its character dyspeptic or inflammatory. It is one of the most troublesome and painful plagues to which the inhabitants of the temperate zones are subject ; it appears in some families to be hereditary ; it varies in degree, lessens and increases often periodically, observes at times the type of an intermittent fever, and alternates with other pains, or other diseases. If it be violent, lasting, and in tender irritable subjects, it produces sleeplessness, fever, faintness, convulsions, delirium, gastric affections, abscesses, ulcers, &c. ; and if symptomatic and connected with malignant fevers, or an exulceration of the lungs, it hastens death.

That there exists in some individuals a greater predisposition to this disease than in others, is manifest enough, as many remain free from it, though equally exposed. It appears that the idiopathic toothache affects frequently those who are habituated to take too hot or too cold, very sour or very sweet, victuals and drinks, and neglect keeping their mouths clean. This habit injures the enamel of a tooth, makes it thinner and more friable, produces at first a small black spot on it, and gradually carious hollows on its top or sides, and the nerve becomes exposed and irritated by the air, temperature, moisture, food and drink, and liable to be affected by internal causes. When the tooth has no external hollow, we may know from its pearly color, its gnawing obstinate pain, its fetid smell, and the little purulent orifices of the gums, that its inside is rotten. This happens when the gums are scorbutic, have a venereal or mercurial taint, or have been inflamed from some cause or other. Difficult dentition may be placed among the species of idiopathic toothache, though in most cases it appears only in feeble diseased children, and signs of constitutional disturbance, besides those of local irritation, are sufficiently evident. After all, I have no reason to doubt that idiopathic diseases often produce sympathetic ones, and the latter, reacting, aggravate the original complaint, either by the consensus nervorum, or by metastasis. It is therefore impossible to determine, in every instance, whether the

toothache be independent of any other affection, or the effect of another disease.

Of the sympathetic toothache there are a great number of species, which derive their names from the various diseases with which they are connected; and I think it useful for the practitioner to remember the principal species recorded by practical physicians, and which are marked with the following names: odontalgia inflammatoria, catarrhalis, gravidarum, hysterica, intermittens, rheumatica, verminosa, scorbutica, mercurialis, metastatica, venerea. Taking it for granted that most of your readers are acquainted with the symptoms, causes and treatment of all these diseases, I do not intend to enter into particulars, but shall confine myself to some general remarks.

If I were asked by a young physician to point out to him the most important and most useful general principle in the practice of physic, I should answer, without hesitation: endeavor in every case that comes before you, to ascertain whether an inflammatory diathesis or a dyspeptic and gastric affection prevails, particularly in the first stages. But this is not always an easy task, as it frequently happens that neither of these states exists entirely pure and unalloyed by the other; that the pulse, if not examined at different times of the day, may mislead, and, compared with other symptoms, entirely confound you. The most experienced physician, if not very attentive, will discover at times, and that too late, that a latent inflammation in a malignant fever destroyed his patient, or a great colluvies of putrid matter in primis viis. Experience, extensive medical knowledge, thorough examination, will do much towards discovering these enemies of life, and the general prevailing constitution of the diseases of the year and season will often throw great light upon the most obscure cases. The necessity which compels a physician, under particular circumstances and in rare cases, to administer tonics, stimulants, narcotics, &c. in the very first stages, alone or in combination with means dictated by the above principle, cannot destroy a precept so useful and beneficial in general practice, and in the vast majority of cases.

I am of opinion, that every well-educated and experienced physician will agree with me in the propriety of basing the treatment of the various idiopathic and sympathetic species of toothache upon a principle, which enjoins the necessity of removing the painful irritation of a nerve by removing its cause. Suppose, for example, we observe at the first or second irruption of the teeth, or in any other species of odontalgia, in one case a violent pain, great heat in the gums and mouth, swelled gums, flushes in the face, a hot skin, a hard pulse, great thirst and fever, &c.; in another, less pain, heat and fever, but a bad taste, foul tongue, sickness at the stomach, purging, offensive stools, &c.; every experienced physician, I should think, would have recourse in the former instance to the antiphlogistic, in the latter to the evacuating plan, and use such external and internal means as are adapted to the particular species of the disease, to the violence of the symptoms, and the age and constitution of the patient. But it is worth while to remember, that if in the latter supposed case not only cough, hoarseness, swelled tonsils, and other catarrhal symptoms make their appearance, and your patient has at the

same time slight pains in one or the other side of the chest, heat and flushes in his face, a circumscribed redness round the ossa zygomatica about the middle of the day, a harder and quicker pulse, hot hands or feet towards evening, more fever in the first part of the night, we have reason to suspect, particularly if the development of his chest did not keep pace with that of his extremities, and his habitus externus and hereditary taint be consumptive, that the gastric cause in this case is complicated with an inflammatory diathesis, and the treatment must be adapted to both. There can be no doubt that nine-tenths of pulmonary consumptions originate in neglected catarrhal affections, so common in our changeable climate, or in the stimulating and mercurial treatment which they receive. The intermittent, the hysteric and the odontalgia gravidarum, have in most cases a gastric origin, but are occasionally inflammatory, especially in high fed, stimulating, plethoric persons. Want of cleanliness, bad food and drink, little or no exercise, and foul air, cause the scorbutic species, which appears gastric in its first stage, but assumes gradually features of resolution and putrefaction. Cleanliness, vegetable food, and particularly the cochlearia, nasturtium, sinapis, &c. fresh meat, acidulated drink impregnated with carbonic acid, exercise in pure air, &c. are useful; and if confined to the gums, it will soon disappear, provided they be washed very often through the day with pure cold water, and the thin dissolved blood be pressed out of them. Mercury, and every preparation of it, is a well-known fatal poison in this species, and in my opinion ought not to be used in any, being most ruinous to the teeth. It is true, we cannot well do without it in the odontalgia venerea, if well marked; and a free use of demulcents may help some, though after all a most obstinate chronic affection, named odontalgia mercurialis, remains behind. Many physicians affirm calomel to be a certain anthelmintic; but I cannot believe it, after expelling fourteen large and live lumbrici from a young man, who had been three times salivated immediately before he came under my care. Odontalgia verminosa from lumbricis will certainly yield to strong decoctions of the root of the *Spigelia Carol. or Marylandica*; that from the two species of tapeworms, to large doses of *rasura stanni* and strong purgatives; and the ascarides, and some other smaller kinds of worms, to the use of aloetics, given internally, and to clysmata oleosa. The odontalgia rheumatica or podagrica is often an acute inflammatory disease, but when chronic, and in its origin, either gastric or mixed.

Though it is manifest that the external and internal causes are various, and that the means should be adapted to the different nature of toothache, it must be conceded that the proximate cause, the effect of the operation of all the causes, consists in a local affection, an irritation of the nerve, accompanied more or less with an inflammation of the gums and of the periosteum of the tooth. If sharp, heating, stimulating substances be used, or if discutient means be neglected, the first, inflammatory stage goes over into the second, and a suppuration of the gums or of the bone of the tooth, called caries, will follow. If the mouth and gums be highly inflamed and the pain very severe, ice-cold water, or a piece of saltpetre, kept constantly in the mouth, scarification of the gums, leeches applied to the temples or behind the ears, figs boiled in milk and kept between

the cheek and gums, the vapor of hot water directed to the mouth, face, and head, and, in some plethoric persons, full bleeding, will mitigate the pain. When the inflammation is less acute, or a caries has taken its place, a pill of opium inserted in the hollow, or near it, or a small ball of cotton moistened with the tincture of cantharides applied to the gum of the painful tooth, blisters or sinapisms applied behind the ears or at more distant parts, æther or ammonia to the face, &c. are often useful, and give at least temporary relief. In very obstinate pains the nerve may be destroyed by the actual cautery, which is preferable to caustics, and the tooth, filled with gold, lead, or wax, may be preserved for many years.

There are numberless means recommended to preserve our teeth in a sound state, and to arrest their total decay after the appearance of caries in them. But the most simple, rational and successful means, to answer both these purposes, is the diligent, faithful and thorough use of plenty of pure and moderately cold water. If the mouth, gums, teeth and fauces be thus cleaned from the variety of acrid and fermenting and putrescent particles of food and other substances entering and adhering to them, every morning and evening and after every meal, and a good toothbrush be used at the same time, and this habit of cleanliness be extended generally to all the external and internal organs to which medical science obtains access, toothache will be a stranger to us. It happened about five or six years ago I was, owing to sheer carelessness and inattention, grievously afflicted with painful defective teeth, and I had once every week or two to undergo the misery of an inflamed gumboil, and the distress when the suppurated tumor was opened. A more faithful and thorough use of moderately cold water, and moving and rubbing the end of my tongue for a considerable time over the boil in the beginning of its inflammatory stage, enabled me to disperse it in every instance, and neither gumboils nor toothache trouble me since.

I cannot conclude this communication without uttering the fervent wish that a better intellectual, moral and practical education may be provided for those that study medicine, and that the knowledge of the wonderful machine in which we live be made a branch of general education. Then, and not till then, empiricism and quackery, the panaceas of Dr. Brown, of Hamilton and Thomson, will appear absurd in the eyes of every man, woman and child.

C. L. SEEGER, M.D.

*Northampton, March 6, 1835.*

## REMARKS ON MASTURBATION.

[Communicated for the Boston Medical and Surgical Journal.]

THE pernicious and debasing practice of MASTURBATION is a more common and extensive evil with youth of both sexes, than is usually supposed. The influence of this habit upon both mind and body, severe as it has been considered, and greatly as it has been deprecated, is altogether more prejudicial than the public, and, as is believed, even the medical profession, are aware.

A great number of the evils which come upon the young at and after

the age of puberty, arise from *masturbation*, persisted in, so as to waste the vital energies and enervate the physical and mental powers of man. Not less does it sap the foundation of moral principles, and blast the first budding of manly and honorable feelings which were exhibiting themselves in the opening character of the young.

Many of the weaknesses commonly attributed to growth and the changes in the habit by the important transformation from adolescence to manhood, are justly referable to this practice.

This change requires all the energy of the system, greatly increased as it is at this period of life, which if undisturbed will bring about a vigorous and healthy condition of both the mental and physical powers.

If masturbation be commenced at this period, it cannot fail to interrupt essentially this important process ; and if continued, will inevitably impress imbecility on the constitution, not less apparent in the body than the mind, preventing, as it will not fail to do, the full development of the powers of both.

The individual becomes feeble, is unable to labor with accustomed vigor, or to apply his mind to study ; his step is tardy and weak, he is dull, irresolute, engages in his sports with less energy than usual, and avoids social intercourse ; when at rest he instinctively assumes a lolling or recumbent posture, and if at labor or at his games takes every opportunity to lie down or sit in a bent and curved position. The cause of these infirmities is *often* unknown to the subject of them, and *more generally* to the friends ; and to labor, or study, or growth, is attributed all the evils which arise from the practice of this secret vice, which if persisted in will hardly fail to result in irremediable disease or hopeless idiocy. The natural consequence of indulgence in this, as in most other vices, is an increased propensity to them. This is particularly true of masturbation. In my intercourse with this unfortunate class of individuals, I have found a large proportion of them wholly ignorant of the causes of their complaints, and if not too far gone the abandonment of the habit has, after awhile, removed all the symptoms and resulted in confirmed health.

One young man, now under my care, was first arrested in his career by reading the chapters on the subject in the *Young Man's Guide*. For many months, he has totally abstained from the practice, and yet he is feeble, depressed, irresolute, and unable to fix his attention to any subject, or to pursue any active employment. But he is steadily convalescing, and will doubtless recover.

If the symptoms above enumerated do not lead in any way to a discontinuance of the habit, other symptoms more formidable, and more difficult of cure, will present themselves. The back becomes lame and weak, the limbs tremble, the digestion is disturbed, and costiveness or diarrhoea, or an alternation of them, take place. The head becomes painful—the heart palpitates—the respiration is easily hurried—the mind is depressed and gloomy—the temper becomes irritable—the sleep disturbed, and is attended by lascivious dreams, and not unfrequently nocturnal pollutions. With these symptoms the pulse becomes small, the extremities cold and damp ; the countenance is downcast, the eye without natural lustre ; shamefacedness is apparent, as if the unfortunate victim was conscious of his degraded condition.

The stomach often rejects food, and is affected with acidity, and loathing ; the nervous system becomes highly irritable ; neuralgia, tabes dorsalis, pulmonary consumption, or fatal marasmus, terminate the suffering, or else insanity and deplorable idiocy are the fatal result. Long before such an event, the mind is enfeebled, the memory impaired, and the power of fixing the attention wholly lost. These are symptoms which should awaken our attention to the danger of the case, and which should induce us to sound the alarm, and if possible arrest the victim from the inevitable consequences of persisting in the habit.

In females, leucorrhœa is often induced by masturbation, and I doubt not incontinence of urine, strangury, prolapsus uteri, disease of the clitoris, and many other diseases, both local and general, which have been attributed to other causes.

It is often difficult to obtain information on the subject of masturbation. Where it is suspected by the physician, the friends are wholly ignorant on the subject, and the individual, suffering, is not ready to acknowledge a practice which he is conscious is filthy in the extreme, although he may have had no suspicions of its deleterious influence upon his health.

It is not sufficient that we know the consequences of masturbation, for these are often irremediable disease ; we ought to know the symptoms of its commencement, of the incipient stages of those diseases which result from it, as well as the influence which the moderate practice of it will have upon the physical and mental stamina of the man—for it is not too much to say that the practice cannot be followed by either sex, even in a moderate way, without injury, especially by the young.

Nature designs that this drain upon the system should be reserved to mature age, and even then that it be made but sparingly. Sturdy manhood, in all its vigor, loses its energy and bends under the too frequent expenditure of this important secretion ; and no age or condition will protect a man from the danger of unlimited indulgence, legally and naturally exercised.

In the young, however, its influence is much more seriously felt ; and even those who have indulged so cautiously as not to break down the health or the mind, cannot know how much their physical energy, mental vigor, or moral purity, have been affected by the indulgence.

*Nothing short of total abstinence from the practice can save those who have become the victims of it.* In this indulgence, no half way course will ever subdue the disease, or remove the effect of the habit from the system. Total abstinence is the only remedy. If the constitution is not fatally impaired—if organic disease has not taken place, this remedy will prove effectual, and must be adopted, especially in all cases in which the effects are visible, or the consequences cannot fail to be ultimately fatal.

This means of cure may be seconded by others, which may be found necessary to remove the effects upon the physical system. Suffice it to remark here, that total abstinence, in an aggravated form of masturbation, is not easily effected. Slight irritation will produce an expenditure of the secretion quite involuntary, and spontaneous emissions and nocturnal pollution may for a long time prolong the danger, and prevent that renovation of the powers which would otherwise be the result of the good resolution of the victim of the habit.



In a subsequent paper we may consider the influence of masturbation upon the mind, as a cause of insanity and idiocy, and suggest some remedies for the removal of its effects upon the health. W.

*March, 1835.*

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## BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, MARCH 18, 1835.

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### MEDICAL CONVENTION OF OHIO.

On the 5th of January last, a large number of physicians, agreeably to invitation, met in convention at the city of Columbus. The object of the meeting was declared to be—"The regulation of professional etiquette—The construction of independent Medical Societies—The support of a periodical Journal of Practical Medicine—The erection and location of public Asylums, for the reception of Lunatics and the instruction of the Blind—The promotion of the Temperance cause—The regulation of Vaccination—The convenient supply of the Leech."

Some able reports were made, which manifest in the most favorable light, the wisdom, enterprise, humanity and intelligence of our brethren at the West. Those on the necessity for hospitals in the valley of the Mississippi—the necessity for an asylum for the education of the blind—and upon the propriety of memorializing the legislature on the subject of legalizing the dissection of human bodies, are ably and forcibly drawn, and will unquestionably eventuate in the establishment of all that has been thus proposed to the people.

As it regards a Journal of Medicine, under the sanction of the convention, Dr. Awl very wisely recommended an abandonment of the project, for the present. It is utterly useless to persuade men to become patrons against their will. There is such competition in this department of literature and science, at this day, that the patronage of medical periodicals must be left to regulate itself.

The memorial to the legislature on the subject of the erection of a State Lunatic Asylum, is an excellent common sense document, reflecting great honor on the convention, and which certainly appeals most powerfully to the heart of every man in Ohio. We make a short extract.

"Your memorialists, therefore, only deem it necessary to call your attention particularly to the fact that has been already stated (the entire unfitness of the present establishment bearing the name of Lunatic Asylum), in conjunction with the fact that there is now in your State not less than 600 to 1,000 insane persons, entirely destitute of the proper means of recovery, to ensure such legislation as the pressing importance of the subject demands.

"In a State which has already expended her millions in the construction of commercial highways and literary and benevolent institutions—in a State wealthy in her resources and proud of her wealth, a call from the unfortunate cannot be heard in vain.

"In regard to the location of the Asylum, your memorialists are of opinion that a situation more central than Cincinnati should be selected. In such a project the convenience of every part of the State should be

consulted, as all have an equal interest therein. In this view of the subject, it would seem that no place presents so many advantages as the city of Columbus, and it is believed that none would be more acceptable to the community at large."

On the whole, the profession of Ohio have done themselves much honor: while they have expressed the feelings of men, they have also convinced those at a distance, and we trust those at home, that they are members of a benevolent, energetic and liberal-minded profession, strictly devoted to the best interests of the great human family.

#### ANNALS OF PHRENOLOGY.

No. 4 of an interesting periodical, bearing this title, issued from the press of Marsh, Capen and Lyon of this city, has been distributed, and speaks well for the industry, at least, of the gentlemen who are interested in its management. One of the articles, denominated *Phrenological Analysis of Eloquence*, is particularly captivating; another, which we recognize as being from the pen of our young friend, Dr. Nathaniel B. Shurtleff, on the method of moulding plaster, and taking casts, must be very useful to those who are desirous of preserving phrenological peculiarities. *Cases of deficient perception of colors*, the physiologist may reflect upon, though perhaps to disadvantage without employing some of the machinery which the phrenologist invariably puts in active operation in solving all difficult problems.

The collection of skulls, casts of heads, drawings, &c. of the Boston Phrenological Society, deposited over the Boston Library in Franklin Street, has become highly valuable, and is worthy the especial notice of all scientific strangers visiting this metropolis. We are informed in this publication, that admirable busts of the celebrated Spurzheim are now procurable.

With the views we entertain of the science, we heartily recommend the *Annals* to the patronage of the profession and all others at all interested in the progress of human knowledge.

*Medical College of Ohio.*—There are eighty-three pay pupils and eight beneficiaries at this institution. The sparseness of students is imputed to the *cholera*. It is remarked that the State has given between thirty-five and thirty-six thousand dollars to the College, and it is intimated that the remainder of what was intended for the support of medical education might be advantageously employed in *procuring the attendance of pupils*!

*Geneva, N. Y. Medical College.*—In this newly created school, the following gentlemen constitute the board of faculty. Dr. Edward Cutbush, on Chemistry; Dr. Willard Parker, on Anatomy and Physiology; Dr. J. G. Morgan, on Surgery; Dr. C. B. Coventry, on Obstetrics and *Materia Medica*; and Dr. A. Colman, on Botany and Medical Jurisprudence. The Professor of Anatomy now holds a chair in three distinct Medical Institutions—viz. the Berkshire, in Massachusetts; the Clinical, at Woodstock, Vt.; and the Geneva Medical College.

*Naval Appointments.*—Robert Woodworth, William W. Valk, David Harlah, and Victor L. Gordon, have been appointed assistant surgeons

in the United States Navy. Dr. John S. Wily, recently dismissed, has been restored by the President, with the unanimous concurrence of the Senate.

*Lithotomy.*—January 3d, at the Westminster Hospital, a boy, six years old, was brought into the operating room. The operation was performed by Mr. Hale Thomson, the assistant surgeon, by the lateral section. Only about one ounce of blood was lost, and the time was three minutes. The stone was a cube—12+8+6 lines, and composed of triple phosphate laminæ, laid on a supposed lithic acid nucleus. On the following Monday, however, the poor child died of asthenia. It is at this hospital that the pupils and spectators applaud or hiss the surgeon, according to their vulgar notions of his capability or ignorance—even at the moment a poor suffering human being is undergoing the dreadful tortures of an operation—as if they were in the pit of a shilling theatre, witnessing the performances of a dancing bear. For the honor of the profession, we hope such shameful proceedings will never obtain in this land of hospital decorum.

*Origin of Public Dissection.*—It is said that the earliest law enacted in any country for the promotion of anatomical knowledge, was one that passed in 1540. It allowed the united companies of barbers and surgeons to have yearly the bodies of four criminals for dissection.

*Cæsarean Operation.*—Prof. Stoltz, of Strasbourg, on the 20th of Dec. last, performed the Cæsarean operation on a female 26 years of age, whose height did not exceed 44 inches. The child was extracted alive and well; and four days after the operation, says the French Gazette, the mother was in a favorable state.

*Reunion after Complete Separation.*—The *Ossevatore Medico* contains a curious, and what it affirms to be a well-authenticated, case of reunion of the nose, after complete separation.

The patient, a woman of the town, had the whole of the soft part of the nose bitten off, in a quarrel, by a man. She was immediately carried before the commissary of police, when the nose was dressed. Three hours afterwards, Dr. Carlizze, who happened to come in, saw the patient, and entreated that search might be made for the lost nose. This was done, and two and a half hours afterwards the mutilated portion was found, contracted, and all covered with filth. The Doctor, however, washed the parts clean, and applied the piece, putting in a few points of suture. The dressings were not removed before the seventh day, when the witnesses observed, with great satisfaction, that complete union had taken place. In thirty-seven days the cicatrix was perfectly consolidated. The aspect of the nose, however, was most disagreeable, from the color of its tip, which presented a livid, unhealthy appearance. A solution of nitrate of silver (moderately strong) was applied to this part, and after the fall of the eschar, in five days, the nose resumed its natural color.

*Providence Dispensary.*—The annual meeting of the Providence, R. I. Dispensary was held on Wednesday, the 4th inst. The attending Phy-

sicians, Isaac Hartshorn, M.D. and Henry W. Thayer, M.D. presented their Annual Report. At a Managers' meeting, held subsequently, on the same day, Levi Wheaton, M.D. and Richmond Brownell, M.D. were appointed consulting Physicians—Henry W. Thayer, M.D. and Isaac Hartshorn, M.D. attending Physicians for the year ensuing; Joseph Balch, Jr. was appointed Apothecary; and Benjamin Dyer, auditor.

The number of patients admitted to the Dispensary for the year, has been 100; of which, 64 were in the Eastern, and 36 in the Western District. Of the whole number of patients, 17 were under 10 years of age; 9 between 10 and 20; 24 between 20 and 30; 22 between 30 and 40; 11 between 40 and 50; 8 between 50 and 60; and 9 over 60.

*University of Pennsylvania.*—There seems to be great disturbance in this once famous institution; it appears that the students have taken the care of it into their own hands, and that the trustees, in obedience to their commands, have already removed one of the professors. Where this matter will stop we cannot foretell; but from all we can learn, it is more than probable that other removals will shortly follow.

Our readers are probably aware that pistols have been resorted to and blood shed in consequence of the disputes growing out of these matters.

*U. S. Medical and Surgical Journal.*

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ERRATUM.—On page 63, in Dr. Jeffries's lecture, for *singularity* read *similarity*.

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The Communication of Dr. Delony is received.

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DIED.—On the 6th inst. homeward bound, from St. Croix, W. Kissam, jr. M.D., aged 33, of New York.—At Rome, the celebrated Dr. Alexander, aged 78.—In Boston, Albert Williams, M.D. aged 33, an amiable and excellent man.

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Whole number of deaths in Boston for the week ending March 14, 33. Males, 18—Females, 15. Of lung fever, 7—dropsy on the brain, 3—apoplexy, 2—ulcers on the lungs, 1—sudden, 1—bowel complaint, 1—infantile, 3—croup, 1—debility, 1—dropsy, 2—scrofula, 1—inflammation on the lungs, 1—suicide, 1—accidental, 1—consumption, 2—liver complaint, 1—pleurisy, 1—convulsions, 1—dysentery, 1—unknown, 1. Stillborn, 3.

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## ADVERTISEMENTS.

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### PHILOSOPHICAL INSTRUMENTS.

BROWN & PEIRCE, No. 87 Washington Street, up stairs (at sign of Books and Apparatus), are constantly manufacturing and keep for sale, PHILOSOPHICAL APPARATUS, in all its varieties, embracing *Astronomical, Pneumatic, Hydrostatic, Optical, Electrical, Chemical, Mechanics, &c. &c.* Warranted of the best materials and superior workmanship. The importance of illustrations, in studying the sciences, is conceded by professional gentlemen at the present day.

Private individuals, colleges, academies and schools, furnished with all the above promptly, and at reasonable rates. Orders are solicited.

Boston, January, 1835.

(Jan. 6—tf.)

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### TO PHYSICIANS.

A good situation for a physician is about to be vacated in a flourishing village in Worcester County, and within a few miles of the town of Worcester. The place may be secured for a moderate consideration if applied for soon. Applications made to the editor of this Journal, post-paid, will be promptly attended to.

March 4.

An eligible country situation for a medical practitioner, in one of the eastern counties of Massachusetts, for sale. One desirous of purchasing, may obtain further information by applying at this office. Letters from applicants, post-paid, directed to the editor, will reach the advertiser without delay.

February 18.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy, *gratis*.—Postage the same as for a newspaper.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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WEDNESDAY, MARCH 25, 1835.

[NO. 7.]

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## THE HOSPITALS OF PARIS.

[See page 72.]

### HOPITAL DE LA PITIE.

THIS hospital, situated close to the Garden of Plants, is composed of several ranges of buildings, enclosing large airy courts, in which the convalescents enjoy the benefits of exercise. It was opened in the year 1809, as an appendix to the *Hotel Dieu*, but rapidly rose in importance; and has, by the talents of its surgeon-in-chief, gained the reputation of being one of the best which a student can attend.

The number of beds is 624, and about 8400 patients are annually treated. The surgeons are MM. Lisfranc and Velpeau. The former, better known by what he has done than what he has written, has the merit of having, as it were, created in Paris the School of Operative Surgery, and of having made improvements of great value in most of the operative processes employed. M. Lisfranc delivers clinical lectures every day in the week, and every now and then treats of diseases of the uterus, a subject upon which he has conceived some ingenious ideas. He was in the habit of introducing the speculum once a week into all his female patients, and showing the state of the os uteri to the numerous pupils who follow his visit.

The junior surgeon, M. Velpeau, now clinical professor to the faculty, lectures every day also, at half-past seven o'clock in the morning.

The physicians attached to the hospital of *La Pitie* are, Messrs. Serres, Andral, Louis, Clement, and Parent-Duchatelet, most of them distinguished men. M. Serres has made a name for himself by his works on the pathology and anatomy of the nervous system, and by his discoveries in transcendent anatomy; he is about (we hear) to publish a complete work on the pathological anatomy of the nervous system.

M. Andral, professor of internal pathology to the faculty, if not the most brilliant of professors, is certainly one of the most distinguished physicians in Europe, few of whom can cope with him in a knowledge of pathological anatomy, and especially in the art of forming a correct diagnosis of disease. The clinical productions of M. Andral are well known to most of our readers. Indeed, we have nothing in English literature which can be compared with them, if we except the similar production of Dr. Abercrombie, whose treatise on diseases of the brain, &c. even the French themselves allow to equal M. Andral's last volume.

The practice of M. Andral in the *Hopital la Pitie* always affords something replete with interest. He has already made an extensive range of experiments with the contra-stimulants, and has just terminated a

similar essay with purgative medicines, the result of which we may probably, at a future period, make public.

M. Louis is the favorite professor of the English and Americans, of whom indeed his class is almost exclusively composed. He is reputed to be the physician best versed in diseases of the chest, which he has made his special study; he delivers clinical lectures during the spring and summer months.

Of MM. Parent-Duchatelet and Clement, we know nothing particular. The former has published some excellent papers on public hygiene and legal medicine.

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#### HOPITAL DE LA CHARITE.

This hospital, situated in the rue Jacob, on the left bank of the Seine, but not close to the river, like the *Hotel Dieu*, was founded in 1607. It contains nearly 500 beds; the average number of patients treated is from five to six thousand, and the mortality amounts to about fourteen for each 100 patients.

The surgeons of *La Charité* are M. Roux and M. Guerbois, a military surgeon, who has been lately appointed to the vacancy left by the death of Boyer.

M. Roux, one of the professors of clinical surgery to the faculty, is considered one of the best operators in the French capital, though, from some reason or other, his patients generally die. We cannot say from experience that the after treatment of M. Roux is decidedly bad, but he operates on many patients who have been considered *unfit* by Baron Dupuytren at the *Hotel Dieu*. M. Roux prefers the method of continued extension to that of position in cases of fracture, as employed at the *Hotel Dieu*, and he invariably extracts the cataract; he is peculiarly famous for the dexterity with which he performs this latter operation; indeed we saw him extract nineteen lenses at one sitting, and left the amphitheatre when six more cases remained for operation. M. Roux has improved surgery by his methods of uniting the divided palate and ruptured perineum. In the first of these operations, which he has performed now sixty-four times, he has been peculiarly fortunate. We have said that operations are much more frequent at *La Charité* than at the *Hotel Dieu*, considering the number of patients. Thus, in the year 1822, when the number of surgical cases amounted only to 800, there were,—amputations, 44; cataracts, 43; fistula in ano, 32; strangulated hernia, 14; lithotomy, 14.

The physicians of *La Charité* are, MM. Fouquier, Lerminier, Rullier, and Rayer. M. Fouquier, one of the clinical professors of medicine to the faculty, though little known by his writings, enjoys a high practical reputation; unlike the other professors, he gives his clinique at the bed-side of the patient. Though, in some measure, a believer in the Broussain doctrines, M. Fouquier teaches the existence of essential fevers; he was one of the first to try and recommend the use of *nux vomica* in paralysis, and he has also made some interesting experiments on the action of urea on the urinary system.

M. Rayer, author of a work on diseases of the skin, is about to pro-

duce a new work on the same subject, accompanied by a series of plates, illustrating the whole of these diseases.

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HOPITAL ST. LOUIS.

This hospital, situated at the extremity of the faubourg du Temple, was founded under Henri IV. It is destined exclusively to the reception of patients affected with skin diseases, scrofula, and rheumatism. The number of patients admitted during the year is about 6000 ; but, in addition, there is a kind of dispensary attached to the hospital, where external patients receive advice, medicine, and tickets for baths and fumigations. The treatment of tinea is exclusively confided here, as in the other hospitals of Paris, to the brothers Mahon, and the number of external patients affected with the disease amounts yearly to 8000. The hospital contains 72 baths, 15 large apparatuses for fumigating, and a large chamber containing vapor-baths, &c. The main part of the treatment at this hospital consists in the administration of baths, and fumigation with various substances : thus, during the year 1833, there were given to the house patients, baths, 5141 ; fumigations, 8882 ; douches, 4515. Total, 18,539. For the dispensary patients, baths, 43,760 ; fumigations, 37,118 ; douches, 1726. Total, 82,604.

The mortality of this hospital is naturally feeble, being about 1 in 16. The average duration of treatment is 60 days.

The surgical part contains 186 beds, distributed between M. Riche-  
rand, author of the physiology, M. Jobert, and M. Gerdy, who was lately elected by concours as professor of surgical pathology. The physicians are, MM. Emery, Alibert, Lugol, Biett, and Manry.

The head physician, M. Alibert, professor of materia medica to the faculty, has a ward of 65 beds, containing the female patients. During summer he lectures on diseases of the skin every Wednesday at ten o'clock, and shows a great variety of most interesting cases. His magnificent plates on skin diseases are well known to every one, but, unfortunately, are too dear for most pupils.

M. Lugol has 82 beds, containing the scrofulous patients, where his peculiar treatment may be observed.

M. Biett also gives a clinique on skin diseases : he has the male patients, amounting to 112.

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HOPITAL ST. ANTOINE.

This establishment, situated in a remote and poor neighborhood, is but little frequented for instruction. It contains 262 beds. The surgeon is M. Berard, Professor of Physiology to the faculty. The physicians are, MM. Kapeler, Gueyrard, and Mailly.

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HOPITAL BEAUJON.

This small hospital contains 166 beds. The physicians are MM. Rensudin and Martin-Solon. The surgeons are MM. Marjolin and Blandin. The number of patients affected with colica pictonum received into this hospital is usually very great, on account of its neighborhood to the extensive white-lead manufacture at Clichy. Its treatment is perfectly opposite to that employed at *La Charité*, and is called "the

method la charité." M. Martin-Solon commences with a purgative, composed of *Jal.* 12 gr.; *Sulph. Sodæ* 3iv.; *Mannæ* 3i.: in the evening a purgative lavement; and an hour after, an ounce of the syrup of diacodium. The same medicines are repeated the next day, and the treatment generally effects a cure in five or six days.

#### HOPITAL COCHIN,

A small hospital in the rue St. Jacques, containing 105 beds. The physicians are MM. Gendrin and Jadioux. The surgeon is M. Boyer, son, we believe, of the late Baron.

#### HOPITAL NECKER,

Founded in 1779, by Madame Necker, contains 124 beds. The medical service is confided to MM. Bricheateau and Delaroque: the surgeon is M. Laugier. The administration general have given M. Civiale a ward in which calculous patients are exclusively treated by the method of lithotrity; for if we are to believe not only what is reported but written, the administration have been compelled to forbid M. Civiale to practise the operation of lithotomy, he has been so unsuccessful. According to the statements of M. Civiale, the success attending lithotrity by the method of brayement employed at this hospital has been very great; but as his statements have not been confirmed in the report made by MM. Larrey and Double, we refrain from repeating them here.

#### HOPITAL DES ENFANS MALADES.

Before the year 1802, the sick children were mixed in the different hospitals with adult patients; since that period, the council-general has appropriated a special establishment for the treatment of patients below the age of sixteen years. The *Hopital des Enfants Malades*, situated in a healthy faubourg, at the end of the rue de Sevres, is composed of four parallel ranges of building, inclosing a large square, which is laid out as a garden. It contains 560 beds; 491 for the medical and 69 for the surgical patients. The number of children annually received into this hospital, averages about 2500, and care is taken to separate those affected with contagious diseases from the other patients; at least, the children affected with scabies are placed in a separate building; but those laboring under smallpox, measles, and scarlatina, are not isolated. We believe the experiment of placing the smallpox patients in a separate ward was tried for some years, but the mortality of the disease was found to be considerably augmented by this precaution. Indeed the general mortality in the hospital is great, and may be averaged at 1 for 4.50. In cases of smallpox, the deaths are to the cures as 1 to 2.15; and in measles as 1 to between 3 and 4: and the mortality in acute internal diseases as 1 to 3.42. Thus in the year 1822, there were received 2611 patients, who may be arranged under the following heads, viz.

#### Boys.

Acute Diseases.		Chronic.	
Medical affections	819	Scrofula	51
Surgical ditto	209	Tinea	46
Smallpox	51	Scabies	304



*Girls.*

	Acute.		Chronic.
Medical . . . . .	777	Scrofula . . . . .	16
Surgical . . . . .	87	Tinea . . . . .	56
Smallpox . . . . .	42	Scabies . . . . .	153

Of these, 709 patients died within a period varying from twenty-four hours to two years. For the itch, the period of cure varies from twenty-one to sixty-nine days ; for tinea, the average time is 156 ; and for scrofula, 288 days. The physicians of the *Enfants Malades* are MM. Jadelot, Guersent, and Baudelocque ; the surgeon is M. Baffos.

The boys, girls, and scrofulous patients of both sexes, are severally placed in a different part of the building, and each physician has the charge of advising for four months in the year, after which he passes to another.

The treatment pursued at the *Hopital des Enfants Malades* is of a very simple kind ; and except in acute inflammations of some of the great viscera or their lining membranes, active remedies are very seldom had recourse to. The writer has been in constant attendance on the practice of MM. Guersent and Baudelocque for the space of two years, and has seldom or never seen anything like an active purgative medicine administered. Calomel, the great favorite of many English practitioners, is rarely given, except in acute inflammation of the cerebral meninges, or croup, and then with very little confidence in its efficacy. Every patient who dies in this hospital is carefully examined after death ; hence, the precise nature of the disease is in most cases ascertained, and we must confess that a great majority of the post-mortem examinations confirm the opinion entertained by the physicians, viz. that two-thirds of the children who die, are cut off by inflammation (generally chronic) of the chest or abdomen. Hence the expectant method, as we would call it ; leechings with the use of revulsives, and strict attention to the bowels, are more in vogue than the repeated purging which we have seen employed in England. Perhaps hospital may differ essentially from private practice ; and the forms of disease which prevail where many individuals are assembled together, may vary from those seen in isolated cases : however this may be, we are certain, from extensive observation, confirmed by a multitude of autopsies, that in numerous cases which in England would be called atrophica, indigestion, diarrhoea, worms, &c. or any other name expressing rather the theory of a school than the diagnosis of a physician, the original cause of the disease resides in a chronic inflammation or ulceration of the intestinal canal. In cases of smallpox and measles, two-thirds of the children who die (at least in hospitals) are cut off by inflammation of the respiratory organs ; hence the medical officers of this hospital are peculiarly careful to examine the state of the lungs in patients laboring under the above-mentioned diseases, and apply themselves to combat the inflammatory affection, the symptoms of which are often very obscure, with energy and perseverance. We have seen M. Baudelocque employ the white oxide of antimony with considerable success in cases where the reduced state of the little patient would have rendered any abstraction of blood hazardous.

Although the *Hopital des Enfants Malades* affords the finest opportunity in Europe for the study of diseases of children, it is curious that it has not as yet given rise to the production of any complete system or work on those diseases. Billiard was a pupil of the *Enfants Trouves*, and his work, imperfect as it is, in the therapeutical part, is confined to the affections of children below two years of age. M. Guersent, from whose immense experience we should have a right to expect a complete work, enjoys, we fear, too extensive a practice to permit him to write; he has, however, produced various articles, in the Dictionary of twenty-one volumes, which merit the attention of every medical man.

M. Baudelocque has also taken advantage of the opportunities afforded in the scrofulous wards. By a long series of experiments, he has determined the comparative merits of all those medicines called anti-scrofulous, and if he has not succeeded in completely unveiling the nature of scrofula, he has at least the merit of having demonstrated the circumstances under which it is developed.

[To be continued.]

## ACUTE RHEUMATISM.—CONSTITUTIONAL TREATMENT.

FROM PROF. THOMSON'S LECTURES AT THE NORTH LONDON HOSPITAL.

GENTLEMEN,—Since my last lecture, four cases of acute rheumatism have been admitted under my care into this hospital, and I believe my colleague Dr. Elliotson has also taken in some cases of this disease. The number of such cases is not remarkable at this season of the year, for although the disease appears at all times, yet it more especially makes its attack in autumn. It is not easy to account for this fact, unless we suppose that the changes of season operate upon the body nearly in the same manner as changes of climate. Thus we know that when a person passes from a dry and genial, or moderately warm climate, to one which is humid and relaxing; and more especially if this humidity be accompanied by a low temperature, congestions of blood take place in the larger vessels, the body becomes susceptible of the impression of moisture in a remarkable degree, and agues, rheumatism, and similar diseases, are produced.

Among the cases of this disease which I have taken in, one is in a state of convalescence, and will be discharged before we again meet; it is that of *Hannah Susans*, a maid servant, eighteen years of age, who was admitted on the 7th of December. This woman is of a sanguine temperament and a spare habit of body, and she says that she has generally enjoyed good health. She was attacked four days previous to her admission into the hospital with shiverings, succeeded by heat, with little perspiration, and these returned in successive paroxysms for two days, accompanied by dull aching pains in the joints, which increased so much in violence that she was forced to leave her place and return home to her friends, who procured medical advice for her. She says that she received much benefit from the treatment pursued; but, as the pains increased in violence, and she could procure no sleep on their account at

night, she came into the hospital. She attributes her complaint to sleeping in damp sheets.

Now this, or indeed the application of moisture and cold to the surface of the body in any manner, is one of the most frequent sources of acute rheumatism. But many individuals may be exposed to cold and moisture without suffering from acute rheumatism ; thence a question arises—Is a certain condition of the body, a predisposition, necessary before this disease can supervene on the application of these exciting causes ? In the case before us, I have not been able to ascertain the existence of any hereditary predisposition, which undoubtedly may be regarded as frequently rendering the system prone to be roused by any excitement into inflammatory action. Our patient is of a spare habit ; there is no general hyperæmia, or excess of the circulating fluid ; but, in her occupation, that of a servant, she was exposed to irregular heats and chills ; and, consequently, retiring to a damp bed, whilst probably in a state of perspiration, it is easy to conceive that the atony which the application of the cold and moisture would produce in the cuticular capillaries, extending by sympathy to the rest of the circulating system, would produce a congestion in the larger vessels. It is the effort of the conservative power of the constitution to overcome this state that produces the phenomena of the febrile paroxysm, and by the unequal distribution of the blood probably sets up the inflammatory action in the joints which constitutes this form of disease. Be this as it may, there can be no doubt that, in almost every case of acute rheumatism, as in that which is under consideration, the febrile symptoms precede the attack of pain ; and consequently the latter may be regarded as one of the indications of the presence of a peculiar fever, with as much reason as we regard the eruption of smallpox, or that of scarlatina, as obvious symptoms of peculiar fevers.

At the time of her admission, the patient complained chiefly of severe pains of the knees, joints, and elbows, which frequently moved from one limb to another, and were always increased by warmth and at night. She also complained of slight pain on pressure over the epigastrium ; the tongue was furred ; the pulse 100, and hard ; the bowels were regular, and the urine was natural. The catamenia had been absent for three months. This last circumstance, as the patient was not pregnant, displayed a derangement of health, and no doubt tended to render her more susceptible of the impression of the exciting cause than she otherwise would have been. She was ordered to take one grain of *calomel*, one of *tartar emetic*, and one and a half of *opium*, every eighth hour ; and in the intervals ʒi. of the *wine of colchicum*, with gr. xv. of *magnesia* in f. ʒij. of water. It may be necessary to mention here my reason for combining the *magnesia* and the *wine of colchicum*, an union by no means uncommon. In my practice it arises from a conviction, that much of the benefit of *colchicum* is due to its action on the orifices of the gall and pancreatic ducts in the duodenum, bringing into the gut the redundant secretion which always takes place in those important glands in a febrile condition of the habit ; and, by carrying them out of the system, getting rid of one source of irritation, and enabling the circulation to proceed with more freedom and regularity. Now, when much acid exists in the stomach, the *colchicum* becomes too active, and passes too rapidly through

the duodenum ; so that, removing this by the addition of the magnesia, we can with more certainty reckon upon its influence being exerted on the orifices of those important ducts which open into the first gut, and the emptying of which is of so much importance. Our patient found great relief from this treatment, which was continued with little variation until the 10th, when the pains returned with as much violence as ever. The tongue, which had been previously cleansing, became again loaded; but the pulse did not increase to more than 84, and was small and sharp. She was ordered gr. viij. of *calomel*, and a brisk cathartic to be taken about an hour afterwards, and to continue her pills and mixture after the bowels had been well purged. Notwithstanding this active treatment, the febrile symptoms and pains increased during the two following days, and, in the afternoon of the second day, she complained of severe pain in the back of the neck, and in the occiput. Finding that the sedative plan of treatment alone was not succeeding, I ordered her to be bled to the extent of twelve ounces, and to take immediately afterwards a pill containing a grain of *calomel*, a grain of *tartar emetic*, and two and a half grains of *opium*, and to repeat this, if the pain should continue, every sixth hour. This method of following bloodletting by a large dose of opium with calomel, often supersedes the further use of the lancet. It operates in two ways ; the calomel carried into the system stimulates the inactive capillaries, converting morbid into healthy action ; whilst the secondary influence of the opium tends to allay that irritable state of the nervous system which always is more or less present under the condition of the frame which accompanies rheumatic fever, and which is justly regarded as the pabulum, if I may so express myself, of inflammation. To prevent the recurrence, however, of the pains, I resolved also to take advantage of the contra-stimulant influence of tartar emetic in moderate doses, and therefore ordered gr. i. to be administered in solution every sixth hour. She has had no return of pain, she sleeps quietly, and complains of nothing except debility. She is now taking three grains of the *bisulphate of quinine* three times a day, and if she gain strength she will be fit to leave the hospital in two or three days.

You will perceive, Gentlemen, in the treatment of this case, and you will observe it in many future cases treated here, that no attention was paid to the local part of the disease, the remedies being directed solely to the relief of the constitutional disorder ; and you will reconcile this to the opinion which I have previously advanced, that the local pains are so completely symptomatic or dependent on the febrile disturbance, that the speedy reduction of this by vigorous measures invariably removes the pains without any local treatment. In the early part of my professional career, it was very much the custom to employ repellent embrocations in rheumatism ; but the result of this practice was frequently the migration of the pains from joint to joint ; and, occasionally, I have seen the inflammation transferred, by metastasis, from a joint to the heart, the stomach, or the brain, and a case terminate fatally, which, by general management alone, might have been successfully carried on to a favorable issue. I have no hesitation, therefore, in strenuously recommending you, in all cases of acute rheumatism, to leave the relief of the local affection to the influence of the constitutional treatment.—*Lancet*.

## INSANITY, PRODUCED BY MASTURBATION.

[Communicated for the Boston Medical and Surgical Journal.]

No cause is more influential in producing Insanity, and, in a special manner, perpetuating the disease, than Masturbation. The records of the institutions give an appalling catalogue of cases attributed to this cause; and yet such records do not show nearly all the cases which are justly ascribable to it. For it is so obscure, and so secret in its operation, that the friends in almost all cases are wholly ignorant of it. It is in a few cases only, where the practice of the vice becomes shamefully notorious, that friends are willing to allow its agency in the production of any disease, particularly insanity; and yet no cause operates more directly upon the mind and the feeling. The mental energies are prostrated by the habit in innumerable cases, long before the delusions of insanity appear. Indeed there are many cases, in which insanity does not intervene between the incipient stages of that mental and physical imbecility, which comes early upon the victim of masturbation, and the most deplorable and hopeless idiocy, in which it frequently results.

This is perhaps peculiar to this cause of idiocy. I know of no other which does not produce the ravings and illusions of insanity, or the gloomy musings, agitations and alarms of melancholy, before the mind is lost in idiotism. But the victim of masturbation passes from one degree of imbecility to another, till all the powers of the system, mental, physical and moral, are blotted out forever!

This is not, however, always the case. In some individuals there is all the raving of the most furious mania, or the deep and cruel torture of hapless melancholy, before the mind is obliterated and the energies of the system forever prostrated.

There are other circumstances attending the insanity from masturbation, which render this the most distressing form of mental disease. I allude to the difficulty of breaking up the habit while laboring under this malady. When insanity is once produced by it, it is nearly hopeless, because the cause of disease is redoubled and generally perpetuated. The libidinous desires are greatly increased, and the influence of self-restraint cannot be brought sufficiently into action to prevent the constant, daily, and I might say almost hourly recurrence of the practice. Thus the cause is perpetuated; and in spite of every effort, the disease increases, the powers of body and mind fail together, and are lost in the most deplorable, hopeless, disgusting fatuity! And yet the practice is not abandoned. All the remaining energies of animal life seem to be concentrated in these organs, and all the remaining power of gratification left is in the exercise of this no longer secret, but loathsome and beastly habit.

Those cases of insanity arising from other known causes, in which masturbation is a symptom, are rendered more hopeless by this circumstance. It is a counteracting influence to all the means of cure employed, either moral or medicinal, and coinciding as it does with whatever other causes may have had an agency in producing disease, renders the case almost hopeless. Of the number of the insane that have come under the observation of the writer (and that number is not small), few,

very few have recovered, who have been in the habit of this evil practice ; and still fewer, I might say almost none, have recovered, in which insanity or idiocy has followed the train of symptoms enumerated in a former paper, indicating the presence of the habit, and its debilitating influence upon the minds and bodies of the young.

Most of the cases of insanity from this cause commence early in life ; even confirmed and hopeless idiocy has been the melancholy consequence, before the victim had reached his twentieth year.

Of eighty males, insane, that have come under the observation of the writer, and who have been particularly examined and watched, with reference to ascertaining the proportion that practised masturbation, something more than a quarter were found to practise it ; and in about 10 per cent., a large proportion of which are idiotic, the disease is supposed to have arisen from this cause.

Would it be believed, if it should be said that the proportion will not vary essentially in the other sex ?

On a former occasion I observed that the absolute abandonment of the practice, even in those whose minds were unaffected by insanity, was not always easily effected. If no *voluntary* practice is continued, the habit may be so far established, and the susceptibility to the complaint be so great, that slight irritation will produce it, and that often for a long time after the danger is fully appreciated, and the victory over the propensity achieved so far as cautiously avoiding known and intentional indulgence. Nocturnal pollution and involuntary emissions come from slight causes and trifling irritation, but perpetuate for a long time all the train of unhappy influences that have been heretofore detailed. The unfortunate subject of this detestable vice, whose mental energy is unimpaired, and whose moral feelings are susceptible of impression, can be persuaded to abandon it, if the danger is set before him in its true light ; but hundreds can bear me testimony that the effects of it are long felt, and the involuntary excitement produced by dreams, lascivious companions, warm beds, and improper intercourse with corrupt society, has for a long time after had its influence in retarding complete recovery to health. With the insane we can have no such hopes, and no such prospects of cure. They will rarely form resolutions on the subject, and still more rarely adhere to them. Reason, the balance wheel of the mind, being denied them, they are obnoxious to the influence of all the propensities in a high degree.

After the practice of masturbation, as a voluntary habit, is entirely suspended, long and persevering efforts will be required to remove the effects from the system, and restore it to vigor and soundness. The individual himself must exercise great self-denial, and resolve to persevere with the means and overcome all obstacles that may be in his way, however formidable and difficult. The regimen to be adopted must be strictly adhered to on all occasions. As the inebriate would probably never conquer his appetite for alcoholic drink if he indulged once a month only—so in this habit, the occasional indulgence will thwart the whole plan of cure. The diet should be simple and nutritious ; the exercise should be moderate and gentle ; indulgence in bed should not be allowed, and the individual should always sleep alone. A mattress is

better than a soft bed. He should rise immediately upon waking, and never retire till the disposition to sleep comes strongly upon him. The cold bath is a valuable remedy ; a sea bath is better, and the shower bath often superior to either.

Narcotics, if there is a high degree of irritability in the system, are valuable remedies, of which conium, belladonna, hyoscyamus, nux vomica, and opium, may be used under different circumstances, combined or singly, according to the effects. Blisters and issues on the pudenda or perineum, promise well, and the different preparations of bark and iron, and other mineral tonics, should be used till all the effects of the habit are removed, till the propensity is fully conquered, and the constitution is restored to health and vigor. W.

March, 1835.

### QUACKERY.

[Communicated for the Boston Medical and Surgical Journal.]

At no period of the world, even in the dark ages of superstition, has the profession of medicine been more thronged with impostors of the most daring effrontery than at the present time ; and it is astonishing that so many people, at this enlightened period of the world, when civilization and the arts and sciences are pouring their blessings in rich profusion around us, should be so easily duped into the grossest errors and imminent dangers, by these pretended *medical reformers*. Could a full history, for the last few years, of the sad results of successful quackery be presented to view, it would be a history of horror ! Neither pestilence, famine, nor the sword, even with the vile agency of Ruin itself, could longer boast of its superior victories.

To charge men with the murder of their fellow beings in *cold blood*, is assuming a bold responsibility to oneself ; but the charge is true, and clear as the light which shines from the mid-day sun—and unless some efficient measures are resorted to by the medical profession, whose business it is, for the purpose of checking this increasing evil, and that speedily too, society will be cursed with a calamity more deplorable than any which has heretofore disturbed it, in any form or shape.

The question arises—What measures should be adopted ? I answer—Let every State, which has not, have its central medical society, with auxiliaries if necessary. Let this society institute a corresponding committee, who shall be required to communicate with every respectable physician within the borders of the State, for the purpose of obtaining, correctly, a statement of all the deaths which may have been caused by the agency of steam and lobelia, with all other effects which may have resulted from this barbarian practice ; and require the society to cause an annual or semi-annual report of the investigations of its committee to be made and published in the public gazettes. No honorable, high-minded physician would hesitate a moment to give a statement of such facts as might occur within the sphere of his knowledge.

In this way, only, can the extent of the evil be brought fully to the

view of the public. They will then see it in all its naked horrors and dangers ; and if then they will not profit by the facts, they would not be convinced though one should arise from the dead.

In the next place, let every honorable practitioner discountenance and denounce this system of quackery in toto, and determine not to visit any patient whatever who has suffered himself to be *tinkered upon* by these men, no matter how near to his grave he may have been hurried by such means.

Cannot some medical philanthropist suggest a better plan ? If so, duty to the profession, to his country, and to the human family at large, require that he should boldly announce it to the world. Let not delicacy forbid, when the welfare and even the lives of many of his fellow beings are in jeopardy.

I could mention many instances, Mr. Editor, of the shocking effects of this barbarous practice, at the bare relation of which, humanity would shudder ; and I cannot forbear, at least, the relation of one or two cases.

A lady in the county of —, in this State, was attacked last fall with bilious pleurisy, not so violent but that she might have been easily and speedily relieved by the proper remedies. Unfortunately, however, her husband had procured Thompson's book, and had studied it. Of course, he was well skilled in the cure of all diseases, *and he commenced on his wife*. He poured down the lobelia, and he steamed her from *day to day*, and still she grew worse ; her breathing became more difficult, and the poor woman became heavily oppressed ; her tongue assumed a fiery red, and her thirst was excessive. Yet not satisfied, her husband sent for his wife's brother, who lived in an adjoining county, and who was also a new-made doctor. He came ; the steam was redoubled and incessant : the poor woman grew weaker and weaker ; her voice became faint and feeble, she could not turn in her bed, and with difficulty could she move an arm, such was her exhaustion. Her countenance now assumed a ghastly glare, and she was evidently fast sinking. In this situation the *brother left her*, stating that the disease was such that it could not be cured. Through the interposition of friends, a physician was at length called. I know him well, and these facts were related to me by him. But he was called too late ; the fatal deed was done ; she was dead.

Again—a reverend gentleman who lived in the adjoining county to this, and who, for charity's sake, we would say had less of *brains than divinity*, became deluded and infatuated with Thompson's book. He praised it beyond measure ; it was the only safe guide for the cure of diseases ; and if it would do no good, it could produce no harm. This assertion was rather doubted by a neighbor who was present at the reverend gentleman's house. To prove his declaration true, however, he determined to take a portion of lobelia, that his neighbor might witness its harmless consequences. He prepared a dose about the middle of the day, which he triumphantly swallowed, and at twelve, that night, he was a corpse !

EDWARD DELONY.

Talbotton, Ga. March 4th, 1835.



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BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, MARCH 25, 1835.

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## SMALLPOX IN THE HOUSE OF CORRECTION.

SINCE our last, two cases of smallpox have occurred in the persons of prisoners, at the House of Correction, located at South Boston. It seems that a man, recently sent there, had been in a house in Ann Street, from which a child with the disease had recently been carried to the Hospital; and having been immediately after sent to prison, carried the plague in his clothes. The Board of Health acted with praiseworthy vigilance, and ordered the patient to be forthwith removed to the Quarantine Hospital. Dr. Flint, the physician of the institution, has thoroughly vaccinated all the remaining prisoners, about one hundred and seventy, and the presumption is that the further progress of this dreadful malady is thus effectually arrested. Not a solitary case of smallpox remains in the city, so that our country friends have nothing to fear from this source in the metropolis, notwithstanding they may occasionally hear rumors at variance with this assertion.

Would it not be a wise regulation to require that every convict, on being received at a prison, should be vaccinated? Certainly it would obviate the extreme difficulty of managing this class of patients under the most trying circumstances.

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*Private Anatomical Lectures.*—We understand that Dr. M'Dowell, who is called the *back-wood's-man*, and who could not succeed, a few years since, in obtaining the place of *assistant* in the Ohio Medical College, is now lecturing on anatomy, in Philadelphia, to a class of one hundred and ten pupils. This is certainly both an evidence of his qualifications as a demonstrator, and his tact in teaching a very difficult science. It is passing strange that some of the schools, whose operations are actually embarrassed by having chained to them uninteresting, unpopular and unqualified lecturers, do not secure the services of men whose powers are of that high order that they would raise the sinking reputation of any institution to which they might be attached. If medical reform is ever commenced in the United States, the first step will be an overturning in the professorships of some of the colleges. The time is coming when stereotyped discourses will not be tolerated in teaching a progressive science; and the professor who conscientiously discharges his duty, will labor to keep pace with the constant improvements and discoveries so important to the health and happiness of mankind.

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*M. Dupuytren.*—This very distinguished operator died in Paris on the 8th of February, after a lingering illness of several months, aged 57. He has left the reputation of being the first operating surgeon in France, and probably in Europe. Domestic affliction preyed upon his mind for the last few years of his life. He has left Madame Beaumont, his only daughter, a fortune of nearly 7,000,000 francs, besides a legacy of 200,000

frances to found a chair of medico-chirurgical pathology. He has also left 100,000 crowns to found an asylum for twelve aged physicians. The annals of surgery do not afford the name of an individual so extensively known; and it is doubtful whether any man has existed who has performed so many operations in surgery, or who has exerted a greater professional influence throughout the civilized world.

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*Mortality of Philadelphia.*—Agreeably to the returns of 151 practitioners of midwifery, there were born in the city and liberties, in 1834, 3937 males and 3635 females,—making a total of 7572 births; and as the deaths were 5073, there was a difference of 2499 between the births and deaths. Six hundred and thirty-six died of consumption, one hundred and ninety-five of smallpox, seventeen of varioloid, and two hundred and sixty-seven of fever.

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*Medical Memorial.*—Twenty-eight physicians, of high standing, principally of Cincinnati, have addressed a memorial to the trustees of the Medical College of Ohio, beseeching them to reorganize the medical school of that State, by making a change in the faculty of the institution, so that it shall be more acceptable to the profession in the valley of the Mississippi, and more useful to medical science. Appended to the memorial is a letter from Dr. Drake, of that city, assuring the memorialists that he would not accept a chair, “unless such extensive changes were made as to create a prospect of immediate and permanent success.”

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*New Medical Books.*—Our correspondents are frequently inquiring what new medical publications are in the market; but having seen none of late, our answers cannot be of any advantage to them or to authors and publishers. Certainly no great effort will be made to spread a knowledge of the existence of such works, if they are not sent to our address. Those who occasionally ask, as a favor, an announcement, will recollect that unless we see the book, no great good can be done either party.

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*Medical Merit.*—Dr. Stagg, health officer of the city of Buffalo, N. Y. has recently been presented, by the citizens of that place, with a pair of silver pitchers, in remembrance of his faithful services at the time when the cholera prevailed, the last summer. This act of liberality and attention reflects great honor on those who have been mindful to acknowledge the services of their physician, when the danger has passed by.

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*Destruction of the Sheffield Medical School, Eng.*—Report says that the destruction of the college buildings, which is represented to have been a most ferocious business, originated in drunkenness. Soldiers were called out to quell the riot. Particulars will be given hereafter, if anything of interest is developed in the course of the examination going on by the magistrates.

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*Smallpox in New Hampshire.*—We are informed that in several towns in New Hampshire, particularly in Candia, the smallpox exists. The only course for the security of the public health is vaccination. It is

strange that the select men and school committees of all country towns do not require a general inoculation, at least once in every year, that all new-born children and new comers from other places may be unsusceptible of receiving this pest of the human race.

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*"Something Rotten in Denmark."*—From the character of several brief communications, which have most mysteriously found their way to the editor's table, within a few days, it is obvious that there is, at no great distance, some medical machinery out of order. By an unalterable resolution, no kind of attention will be paid to anonymous articles, when their object is manifestly for the purpose of exciting a spirit of hostility and unkindness either towards an individual or a public charity. Instead of fanning a flame of discord, and contributing to raise a storm which could not be easily allayed, we shall endeavor to maintain peace and good fellowship, by keeping wholly aloof from squabbles for distinction. True merit will certainly be discovered ;—and a man actually possessing extraordinary capacity and talents, can no more be kept long out of his appropriate sphere, than a volcano could be smothered by a napkin.

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*On the Use of Soot in Diseases of the Eyes.*—The *Gazette Médicale*, for January, 1831, contains some facts collected by M. Carron-du-Villards favorable to the use of soot in diseases of the eyes. M. Baudelocque, physician to the Hopital des Enfants, has also extolled this article in scrofulous ophthalmia. The following is the formula of the first-named practitioner :—Soot, 3 ij. ; dissolve in boiling water, filter and evaporate to dryness. The residue, which is very brilliant, is to be dissolved in boiling very strong white vinegar, with the addition of 24 grains extract of roses to 3 xij. of liquid. Some drops of this solution in a glass of water form a good resolvent collyrium. M. Carron-du-Villards recommends granulations of the cornea to be touched with a very fine brush wet with the following mixture. Take of Opium, 3 ij. ; Cloves, 3 j. ; Washed Soot, 3 iv. ; Cinnamon water, 3 viij. ; Alcohol, 3 iv. To be digested for six days in a warm place, and then expressed and filtered.—*Bulletin Général de Thérapeutique.*—*Amer. Journ. of the Med. Sciences.*

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*Muriate of Ammonia in large doses in Phthisis Pulmonalis.*—A young man, aged about 28, entered Catharine Hospital at Stuttgart, laboring under cough and purulent expectoration, with which he had been affected nine months. He also had occasional night sweats, and was besides affected with fever, disposition to vomit, and emaciation. There was pectoriloque in the subclavicular region. He took a drachm of muriate of ammonia every two hours, notwithstanding the diarrhœa, colic, and great prostration of strength. A gradual improvement of all the symptoms took place ; and after persisting in this course for three months, during which time he took a pound of muriate of ammonia, all the symptoms, and even the pectoriloque, had disappeared. His improvement continued, and he bore the cold of winter well, until about the first of February, 1830, when he experienced an attack of inflammation of the lungs, which was dissipated without medical treatment.—*Otto's Bibliothek.*—*N. American Archives.*

**NOTICE.**—The following gentlemen are authorized to receive money due for the Medical Journal. Although we prefer, in all cases where it is convenient, that a direct communication be maintained between subscribers and the Journal office, yet as it may accommodate some to make a settlement nearer home, this list of agents is published:—Duren & Thatcher, booksellers, Bangor, Me.; Luke Howe, Esq. P. M. Jaffrey, N. H.; Israel Hinckley, Esq. P. M. Topsham, Vt.; Mr. Joseph Balch, Jr. apothecary, Providence, R. I.; Charles Hooker, M.D. New Haven, Ct.; Mr. W. C. Little, bookseller, Albany, N. Y.; T. O. H. Croswel, Esq. P. M. Catskill, N. Y.; Samuel Freeman, Esq. P. M. Williamstown, Oswego Co. N. Y.; W. A. Gillespie, M.D. Ellisville, River Bank P. O. Louisa Co. Va.; Mr. L. Dwelle, Augusta, Geo.; Hedge & Lyman, Montreal. L. C.; Mr. Joseph Tardif, Quebec, L. C.; Mr. L. E. Van Duskirk, Halifax, N. S.

Those subscribers who have not paid for the last year are requested to forward the amount due, including the present year, directed to the publisher or to one of the above-named agents.

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**DIED.**—In New York, Dr. Samuel Osborne, 61.—Dr. George Wartz, of Morris Co., N. J. 58.

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Whole number of deaths in Boston for the week ending March 21, 23. Males, 18—Females, 15.

Of typhoid fever, 3—dropsy on the brain, 2—measles, 1—lung fever, 4—brain fever, 1—consumption, 5—child-bed, 2—cancer, 1—chronic consumption, 1—inflammation of the bowels, 2—decay of nature, 1—intemperance, 1—bowel complaint, 1—inflammation, 1—pleurisy, fever, 1—old age, 1—cramp in the stomach, 1—unknown, 1—diarrhoea, 1—cancer, 1.

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## ADVERTISEMENTS.

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### VACCINE VIRUS.

PHYSICIANS in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—involving one dollar. Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless some other mode of conveyance is directed. Ten charged quills, an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely packed in a letter. The gentleman who has undertaken to keep the virus, will faithfully supply that which is positively genuine and recently taken.

Boston, March 4, 1834.

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### PHILOSOPHICAL AND ASTRONOMICAL APPARATUS.

N. B. CHAMBERLAIN, No. 9 School St. Boston, manufactures Philosophical, Astronomical, Pneumatic, Hydrostatic, and Electrical Apparatus, Mechanical Powers, &c. of beautiful workmanship, designed for Lecture Rooms and public instruction in Schools, Academies and Colleges. Portable models of the Steam Engine, put in motion by a spirit lamp, afforded at a very reasonable rate, can be obtained at any time, by addressing the advertiser by mail.

Boston, February 4, 1835.

epitf.

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### MODELS OF THE EYE AND EAR.

BROWN & PEIRCE, 87 Washington Street, up stairs, manufacture beautiful models of the human Eye and Ear, for the use of students in anatomy and operating surgeons. The eye, particularly, is considered exceedingly useful, as the anatomy, and the philosophy of vision, are plainly demonstrated. The internal ear is magnified two feet in length, from the meatus internus to the external ear—giving a diameter of four inches to the semicircular canals. These models are the invention of Dr. J. V. C. SMITH, formerly Professor of Anatomy at the Berkshire Medical Institution. Jan 21—tf

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### TO PHYSICIANS.

A good situation for a physician is about to be vacated in a flourishing village in Worcester County, and within a few miles of the town of Worcester. The place may be secured for a moderate consideration if applied for soon. Applications made to the editor of this Journal, post-paid, will be promptly attended to. March 4.

An eligible country situation for a medical practitioner, in one of the eastern counties of Massachusetts, for sale. One desirous of purchasing, may obtain further information by applying at this office. Letters from applicants, post-paid, directed to the editor, will reach the advertiser without delay. February 18.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. OLAP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, post-paid. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy, gratis.—Postage the same as for a newspaper.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XII.]

WEDNESDAY, APRIL 1, 1835.

[NO. 8.]

## BARON PISANI'S TREATMENT OF THE INSANE.

### EXTRACT FROM THE JOURNAL OF AN AMERICAN SURGEON.

WHILE at Palermo, last year, I visited the Royal House for the Insane, under the superintendence of an illustrious and devoted philanthropist, the Baron Pisani. He is a stoutly formed man, of rather low stature, and probably upwards of fifty years of age. He has the finely formed head and features so common among the Italians, and a countenance beaming with benevolence, clearly indicative of the pure fountain within. For many years he has given his whole time and faculties to the melioration of that most unfortunate class of human beings, persons afflicted with mental derangement. The zeal, cheerfulness, gentle temper and perseverance with which he pursues this apparently discouraging and in some cases hopeless work, elicit the warmest admiration and respect, from all who are able to justly appreciate his character and his labors.

Possessed of an ample fortune and an elegant and refined education, he applied himself in his youth chiefly to music, and became a good composer. After some time he felt a predilection for the study of antiquities, and being surrounded with them in Sicily, and every part of Italy also presenting objects to occupy him, his progress was commensurate with his abilities, industry, and the facilities afforded him.

He never would marry, although his father, with parental regard for his happiness, strongly solicited him to that important measure; as he was afraid it might interfere with his plans and prospects of travelling.

Not finding in the study of antiquities or the physical sciences that exercise for the affections and moral sentiments, which contributes so essentially to happiness in a mind sensitive and alive to social sympathies, he resolved to take upon himself the direction of what was then truly called the Mad-House of Palermo, but which his humanity and unwearied exertions soon transformed into an orderly and comfortable abode for its once wretched inmates.

The management of this institution differs in some respects from most of the others in Europe, of which there are many now on nearly the same plan; one at Saragossa in Spain, Willis's at Greatfort, Arnold's at Leicester, the Friend's Asylum at York, the Esquirol at Paris, and one at Vienna on which great attention has been bestowed.

The miserable condition of everything belonging to the house, when the Baron first entered upon his duties, was indescribable. It was then the abode of desolation and wretchedness. He found there a few squalid forlorn beings with scarcely a human appearance, in the midst of chains, filth and malaria. It resembled more a menagerie of wild beasts than a

human habitation. The treatment was worse than that which was formerly inflicted on felons and traitors.—His heart melted at the sight. He threw off their chains. He comforted them by consoling language and still more by kind actions. He gave them refreshing drinks and good food. He used towards them an affable and affectionate manner, and although deprived of reason they were conscious of the benefits they had received from him, and often the poor forsaken creatures would embrace him as their only friend. This stimulated him to new exertions. From sickly, pallid and unhappy, they became healthy and cheerful, and many showed him the greatest gratitude.

The old house was a series of little cells or prisons which enclosed only the insane of the city of Palermo. A new one was built, combining in its plan all the necessary comforts. Baths were constructed and cleanliness enforced as a most important auxiliary in the treatment. The new house contained apartments for the accommodation of all the deranged persons on the island. The tranquil patients or subjects were put at work of some kind. This was and is yet the only medicinal means employed, if it may be so termed, except in cases where some physical disease is manifested. As reason is restored, and when they become capable, they are employed in various useful and responsible little offices in the house. This is found to soothe their irascibility in some instances, and in many to rouse their ambition and self-esteem.

The assistants treat them on all occasions with the utmost kindness and tenderness. The furious and raving are confined when necessary by such an overwhelming force of assistants, that they scarcely resist, and sometimes the *camicia* is used (a species of hammock), by which the person is swung from side to side in a horizontal posture ; this, with the free use of cold water to the head and face, tranquillizes them after a little time, and some have become fond of it. In less than three years the success of this institution has been such that fifty-eight persons have been restored to reason and to their families.

The Baron thinks that experience has demonstrated that insanity admits only of a moral cure. He confesses he has been more and more confirmed in this opinion, the longer he has continued to have charge of the institution ; and although he is aided by every needful medical advice and assistance, he regards them as secondary in the prosecution of his plan. Far from being opinionative and ostentatious, he pursues his vocation in the simple, unaffected, humble spirit, which brought both philosophy and religion from heaven to make their abode among men. Nothing rude, nothing dogmatical or overbearing, no claims to superior knowledge, no personal vanity, mark the exalted course of Pisani.

He thinks the causes of insanity generally cannot be traced to any local lesion, but that the whole nervous tissues are more or less affected. His pathological views are given with the deference due to men who have deeply studied anatomy, physiology, and everything which can elucidate this intricate subject, with the literary part of which he has taken great pains to make himself perfectly acquainted. His library contains all the most celebrated treatises in every language ; and among them I had the satisfaction of seeing that of our venerable countryman, the late Doctor Rush.

In the direction, except when the physicians are consulted, he is absolute, and it is surprising to see the influence he has acquired over his subjects. He spends the whole day among them. They call him their good father. They look with impatience for his return in the morning ; make their complaints to him as a child would to its parents. He hears them with attention, enters earnestly into their affairs and interests, affords relief when their grievances are well founded, reasons with them ; they take his arm and walk with him, holding long conversations ; they often kiss him, embrace him, and appear to adore him.

At one time he was obliged to be absent for two or three days, from indisposition ; his principal assistant, on whom his duties devolved, found the people extremely restive and refractory. At last, finding the Baron was recovering, he went to him, and begged him to come down to the house, if it were only for a few minutes, that they were all in a frenzy, and, in his own language, were "raising the devil."

He hastened to the house—his return was hailed with the greatest joy, and all were emulous to show him some token of affection.

Though, as has been stated before, the means of cure employed are mainly moral, they are well furnished with both physicians and surgeons, of the most approved and extensive experience. They have four Alumni residents, besides consulting physicians and surgeons, who attend three times a week. Once a week, a meeting takes place, of the Director, a Physician and Surgeon. The Director presides. The apartments are adapted and appropriated to their various uses ; a library of works on mental alienation, and every form of derangement of the intellectual and moral powers ; an anatomical theatre for the examination and preparation of morbid parts of those who die in the institution ; a museum for depositing interesting preparations ; the sight of all these, however, is carefully concealed from the patients. The words insane, crazy, mad, are strictly prohibited being used in their hearing.

In the archives, everything is carefully preserved, the history and termination of each case.

The assistants are four Custodi (keepers), and four others, from the tranquil insane. There is a governess also, who has her assistants from the tranquil, among the females. Conciliatory persuasion and gentle means only are permitted to be used ; the infamous use of the whip is not only abolished, but all harsh abuses or violent language and epithets are constantly rejected and carefully avoided.

Nothing, says the director, is more requisite than a strong force of keepers and assistants, for when it becomes necessary to resort to their aid to confine the violent and raving, if an overpowering number is sent, the patients submit without resistance, perceiving at once their inferiority ; otherwise they struggle, and if not immediately overcome, it exasperates their paroxysms and efforts. Four strong, robust men, are therefore kept, who possess intelligence and discretion, to manage this description of persons. The tranquil, who are at work, receive a small compensation per month for their labor.

A chaplain performs mass daily in the Chapel, and assists the sick and dying with the comforts of religion. All ages and sexes are admitted into the house, and the best history of their cases that can be obtained,

is procured and registered. The first thing after their reception, is a good bath and a clean suit of clothes.

The physician and surgeon are sent for to examine if any personal injury has been received, and to ascertain whether or not the disease is real or simulated. A separation is then strictly enforced from all former associations. No relations or friends are suffered to see them. This is of the first importance in attempting to disentangle the confused and knotted chain of thought, and in trying to renovate by new and simple impressions the regular and healthy operations of intellect. These are not to be admitted on any account, even after signs of recovery have become apparent.

Cleanliness has been found to have a most salutary effect, producing health, cheerfulness and hilarity almost as much among maniacs as among the rational. It is also found that a frank and benevolent conduct towards them procures their confidence, and in many instances they are capable of sustaining friendship and honorable sentiments.

Nothing has been found so effectual in breaking the morbid association as labor and fatigue. Those who are sufficiently calm to work are greatly benefited by it. Occupation not only relieves the intensity of the diseased functions, but procures for them refreshing and quiet repose. The director gives the preference to agricultural labors. The garden and grounds are consequently highly cultivated and adorned. No menial service is allowed to be performed by the maniacs. On fast days and Sundays they are indulged in plays and diversions.

The whole discipline is constant, uniform, consistent and invariable. They begin with mass in the morning by the bell. Then go to work—then breakfast. They again resume their labors, and it looks more like a house of industry, than a mad-house, where almost every one is employed at some useful manual work; the men improving the grounds and planting trees; the women in spinning and knitting, and whatever they like best.

At night, when they retire, the director accompanies each one to his or her room, with the keeper, bestows some kind words and little caresses on them, asks if they want anything, and promises them everything that will be good for them, and bids them an affectionate good night.

The *Canicia de forza*, already spoken of, is sometimes used when they refuse to work from perverseness. The tepid bath is also used to allay irritation.

When convalescence commences, as discerned by the return of the person to old habits, desire to see relations and friends, knowledge of objects and fears of again falling into insanity, the patient is immediately removed to another apartment and a new train of treatment commences.

The sufferings of the unhappy beings may be imagined by the fears they express of relapsing. They are at first entrusted with the care of their clothes and such other little things as are found to occupy and amuse the mind. They next receive the visits of the keepers, and are made as happy as possible by every indulgence that will divert them. They walk in the flower gardens, but are not permitted to see or hear an insane person. Care is also taken to avoid receiving premature visits



from relations and friends. No unnecessary or impertinent visits are allowed to them in this condition.

The incessant agitation attending on mental alienation produces in many cases insatiable voracity. In order to appease this as much as possible, a large proportion of bread is given them; thirty ounces in three portions daily. They have soup for breakfast—for supper fruit, salad, &c.; rice, cheese, and macaroni are also freely allowed them. They have five ounces of meat, five days in the week. Mush is an article of diet much used by them. Beer and wine in small quantities are used in certain cases. Boarders are allowed coffee and all other luxuries of which they are fond, and to which they have been accustomed, provided they have not been found injurious.

While I remained in the house several little incidents occurred, illustrative of the Baron's manner towards his people, and method of treatment. As we passed along, a soldier still attached to, and wearing his old uniform coat, of large stature and veteran appearance, was sitting on a stone bench which projected from a wall perpendicular to it. He leaned forward with his elbows on his knees, covering his cheeks with his hands in a melancholy posture enough. The Baron perhaps thought he was musing too deeply, and that he would try and break up his "thick coming fancies." He raised the soldier with his hands into a more erect position on the bench. He kept himself carefully for a few seconds in the attitude in which the Baron had placed him. The Baron then took him by the breast of his coat and gently pushed him until his back was perpendicular to the wall, which made his posture very disagreeable and painful. He remained however even in this ludicrous situation for an instant, but then jumping up quite in a passion he told the Baron, "it is impossible for any one to sit that way, you could not sit that way yourself." The director laughed a little, and the soldier marched off with great dignity. In this case the director might at first have been taken for the maniac, and the soldier for the rational man. But mark what a great end was accomplished by this simple stratagem. The fast binding chain of melancholy was suddenly broken, and a new and rational train of thought irresistibly substituted.

He says the women are vastly more difficult to manage than the men, of which we had an immediate proof in passing through the female apartment. The room was spacious and airy, the inmates chiefly employed in preparing and spinning flax. One among them was in a dreadful paroxysm of rage and frenzy at some imaginary affront. She had a natural deformity of the head. Her forehead was nearly twice the natural height, and so was the top of her head. Her eyes were large and dark. Her person spare and of the middle size. Her appearance was frightful—and she had a terrible tongue, which on such occasions nothing could quiet. She went on with loud volubility,—scolding in *alta voce* at those who had offended her, and was not even restrained this time in the slightest degree by the presence or remonstrances of the Baron.

Those who were at work seemed alarmed and ashamed of their noisy companion, and several of them begged her to be quiet and behave better. The nurse, and a little girl of about twelve or thirteen (one of the assistants), of great beauty and intelligence, stood beside the maniac as

she made the house ring with her terrifying denunciations. The nurse and little girl were trying to pacify her—she refused to hear them, and even the mild voice of the Baron was for awhile disregarded. The little girl patted her cheeks—put her hand gently over her mouth ;—she struggled to get her mouth free. The little girl kissed her on the cheek—she continued to bawl with a voice scarcely human. Her little friend would catch her by the nose, and again put her arm gently round her neck and kiss her ; and after keeping up this badinage for about five minutes, laughing and talking kindly to her all the time, the maniac became more tranquil—the fierceness left her face, and she began to smile and then to laugh, but soon became nearly as bad as ever. The Baron told her she must go to the Camicia. To this she objected, and became more quiet. He then offered her his arm, which she put her hand in and went along with him, still scolding and complaining, but in a moderated tone. Having arrived at the swinging hammock, a strong man lifted her in, when she was laced tight so as to prevent any motion of her arms or legs. Her head was wet with cold water ; she was given some to drink ; the little girl and nurse threw some in her face, and swung her a good while from side to side. It seemed to affect her head ; she rolled her eyes and was silent. In a few minutes she was entirely quiet : the little girl again patted her cheek and kissed it. We left her and walked round the garden. After a while we returned and took a seat under the shade. While there the woman approached us, and I could see the little girl telling her that she must make friends with her benefactor. She accordingly came up behind the Baron in a fine humor, and laughingly put her arms round his neck and kissed his cheek, appearing to feel contrition for her former conduct. He turned his head and smiled on her with great tenderness, as if nothing had happened, but said nothing to her, and she went away with her attendants to the apartment they had left.

The Baron relates a singular cure which he effected a few years ago by a simple little stratagem which suddenly occurred to him at the time. A woman, on becoming deranged, had resolved never to quit a certain position which she had taken, which was stooping down as low as she could but still resting on her feet. This bent her knees to the utmost degree ; but in this way she continued long after she was brought to the house. She had continued for ten years without extending her lower extremities. When she came under his charge, he long tried to awaken her sensibility on some subject, without success. At length, he went to visit her one morning, and told her that he had come to the determination no longer to lead a life of celibacy, and had now come to ask her hand in marriage. She was at first indignant and requested him not to make fun of her. He pressed his suit with so much earnestness and with so many compliments, that at length she showed some attention to his conversation. He became more eloquent with his arguments for their union, and at last she smiled. It was the first time for ten years. She became more cheerful, laughed a little, and finally consented to marry him. The next day was appointed for the solemnization of the nuptials. All the tranquil insane were invited to the wedding. She was dressed and decorated like a bride, and then carried to an elegant arbor where a feast was prepared for all the guests. One of the keepers was dressed

as the Padre, a counterfeit ceremony was performed, and they all paid her the most particular marks of respect and congratulation, giving her the title she had acquired of Baroness. She tried to walk, but was unable to straighten her knees. The tendons in the hams had become stiff and contracted. She was carried, and placed at his right hand at dinner.

From this time her recovery commenced. By the employment of liniments, frictions and exercise, the use of her limbs was gradually restored, and she is now an intelligent and respectable lady of Sicily, who often laughs with the Baron, whom she calls her *esposo*, at the amusing freak of the marriage ceremony.

This renowned ancient state boasted of many great names, distinguished, and still known to the civilized world, for their genius, learning and patriotism. But there is a halo of moral sublimity now surrounding a modest and humble individual in Palermo, which not even the glories of Archimedes could shed—that man is Peter Pisani.

#### TIGHT LACING.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—A case of no ordinary character has of late come under my observation, and which, to say the least, has afforded subject matter for reflection, relative to the practice above-named. From a careful *manual examination* of the existing case, it appears that a complete *groove* or *excavation* around the body has been formed, and by the practice alluded to ; and which it becomes difficult to account for, upon any other supposition than that of *absorption*, and such as must necessarily prove prejudicial to health. That such an effect may be occasioned by *continued pressure* would seem to be admitted ; but how it could take place to so great an extent without a still more serious derangement of the vital functions, becomes a matter of serious inquiry. It was evident, however, from *inspection*, that the *mammary glands* were diminished, and the chest considerably *contracted*. This being the case, how could it be otherwise than that *sterility* should follow as a natural consequence ?

Much has been written and said upon two sorts of *absorption* ; viz. that which takes place from *surfaces*, and that which takes place in the *living solid*, and in the *internal substance* of organs. In the case before us, the materials taken up were not properly or really replaced, and a vitiated action produced an *atrophy* of the parts ; and consequently, there was a gradual or continual diminution of the *pectoral muscles*, and of the *fatty matter* of the *cellular texture*. The *superficial veins* were probably in some degree diminished in volume, and the circulation retarded ; but whether the chain of the *lymphatics* could be said to be broken or not, would be matter of inquiry.

As this is a subject of a delicate nature, and one that a *country practitioner* would be less likely to meet with, it is possible that in attempting to explain it by way of *absorption*, the undersigned has done no better than expose his ignorance, and want of experience ; but let it be as it may, he would humbly hope that the bare suggestion may serve to invite

the attention of the faculty to the matter, and induce them to raise their warning voice against a practice that is, to say the least, extremely unbecoming.

The *circular pressure* of the above-named practice (as we at present understand it), occasions an *absorption* that prevents the *deposition* of new matter necessary to supply the waste.

I feel much indebted, dear Sir, for the notice that is taken, in the *Journal*, of the small scrips that fall from my pen ; but if I can at least turn the attention of my medical friends or others to the consideration of subjects which appear to me to be of growing importance, I shall feel myself amply rewarded. I must say that I am much pleased with your *Journal*.  
H. F.

Longwood, Va. March 15, 1835.

P. S. I am at present a convert to the doctrine of the *absorption* of the *lungs*, whereby poisonous substances, and even the *effluvia* of *marshes*, may be introduced into the circulation. As soon as an opportunity presents itself, I design to prepare, and send you, an essay upon the subject of *malaria*. I have not had the good fortune, yet, to lay my hand upon an essay that I understand the celebrated *Magendie* has lately produced upon *absorption*. I should be pleased to see the essay itself, or the sum and substance of it, in your *Journal*.

## REMARKS ON FEVERS, WITH CASES.

BY JOSEPH COMSTOCK, M.D. OF LEBANON, CONNECTICUT.

[Communicated for the Boston Medical and Surgical Journal.]

FEBRILE affections are so immensely diversified, that even to give such a definition of *fever*, as will embrace all their diversities, is not an easy task. A frequent pulse, and increased temperature, though common in most cases, fail in some. At this time the writer has a patient, a man of 71, in which both these signs are lacking, although he has hiccups and a very foul tongue. It is a case of *lung fever*. A furred tongue, however, sometimes fails of accompanying very bad cases of fever. Nor does pain of the head, back, or any other part, nor thirst, attend every patient, even when his case may be an alarming one. Extreme thirst, as when the sick exclaim, "Oh ! I could drink the Delaware," is mentioned by Dr. Rush as a very dangerous symptom. Thirst, however, is a symptom in fever far less common than formerly. In a large majority of cases (I speak of course of my own patients), for the last twenty years, this formerly common sign of pyrexia has been absent, or seldom so intense as to be even mentioned. But for the above period, the typhoid diathesis has mostly prevailed ; and in fevers of the typhous kind there is less thirst than in those of an inflammatory character.

In the past winter, however, although the present writer has had several cases of typhous fever, and a greater number of its kindred disease,

scarlet fever, with sore throat,\* yet a highly inflammatory diathesis, with pneumonic affections, has been most prevalent. Thirst has returned, and the lancet been frequently drawn, which during the typhoid diathesis was seldom unsheathed. Chills have also been more common than in the ataxic fevers of past years.

But there has been one irregular symptom accompanying a number of cases, which was a *sweat* rather profuse and universal, at the first commencement of the fever. In one case this sudoresis lasted a week, and I was inclined to view the patient in a typhoid state; when without exposure to cold, or any other evident cause, the sweat ceased and inflammatory fever succeeded, requiring three bleedings to subdue it. And never did I witness a buff whiter, thicker, or more cupped, than the second parcel of blood exhibited.

It is very prettily and justly remarked by Dr. Good, that no writer has hitherto been able to satisfy himself with his own definition of fever, and that therefore it is not extraordinary that he should not be able to satisfy others. This difficulty arises from there being few if any one of its symptoms constantly present in every case. The pulse, instead of being more frequent in every case, is, as he remarks from Dr. Musgrave, sometimes actually slower; and in the instance referred to, was (until after the patient was bled) down to 44 in a minute, in a patient with yellow fever.

I am not certain, however, that there is not a single trait in every case of fever which will distinguish it from all other diseases, and prove this much, but no more, that it is a *fever*. *This is a febrile effluvium cognizable by the smell.* This olfactory feature will even partially serve, in some instances, to distinguish one febrile affection from another. Typhous fever has the smell of mice or conium. Smallpox and measles have each their peculiar smell. It is not probable, however, that this discriminating test can be carried through as it relates to all fevers, but only so far as to distinguish all febrile affections from those which are unattended with fever. But he who should be able to tell the *cause* of fevers, would be a benefactor to mankind immensely more praiseworthy and invaluable than he who can define them.

The summary method of our transatlantic brethren of referring typhous fever, scarlet fever, and dysentery, to contagion, we cannot respond to. In the former, my experience has reached to at least seven hundred cases; the spontaneous origin of which, and the non-communication of it to nurses, attendants, members of the same family, and to myself, who never had it, have been so palpable, as to induce me to look for its causes to some other source. In scarlet fever, the present season, two children had it in a family of seven children; the first being a child four years old, who had been no where to contract it, and it was not in the neighborhood. One other child had a fever and swelled throat, without eruption. The other four had nothing at all of it. Yet Dr. Good, in his definition of this disease, says that it is "highly contagious."

\* A case of the scarlet fever occurred in December, which was, according to Sir Gilbert Blane and Dr. Good, singular, as to the patient's age. This case was that of a woman in married life, 40 years old. She lived at the distance of seven or eight miles, and was dead before my arrival. I saw the corpse. The external parts of the throat, neck, and about the clavicles, were mortified.

Every principal viscus has a healthy action peculiar to itself, and also a diseased or morbid state, or deranged motion. This morbid state includes torpor, the extreme degree of which is *paralysis*, either partial or total, of a fibre, tendon, muscle, or viscus. We will refer to an instance illustrating both a state of extreme torpor, or paralysis of the stomach, &c. and also a change of diathesis from putrid to inflammatory.

A girl, six years old, had putrid sore throat, with such a paralysis of the vocal organs that her voice was reduced to a whisper. In six days the putrid and febrile symptoms were subdued by the assiduous administration of antiseptic febrifuges, such as quinine internally, poultices of Peruvian bark externally, and the exhibition of calomel, tincture of sanguinaria (U. States Pharmacopœia), hydriodate of potash, senaka, and squills. She was dismissed as out of danger. Four days afterwards, however (March 4, 1835), I was summoned again, and found that the croup, with all its horrors, had invaded, with high inflammatory symptoms, which required two bleedings. But the torpor of the stomach was most surprising. The emetic doses were gradually increased, till thirty grains of ipecac. with two grains of tartarized antimony were given for a dose, without the effect of exciting anything more than very slight and inadequate emesis. The tincture of lobelia (of the U. S. Pharmacopœia) was then resorted to, with more effect; but although by this, in a dose of ʒiij., she was relieved, the emetic operation was but moderate.

As ascertaining the prevailing diathesis of any particular period appears to be a very important desideratum, the following case seems to be appropriate. By it, as well as by the one just related, it appears that the epidemic constitution of the atmosphere may so change, as to alter the diathesis of a patient's disease in the same fit of sickness.

Mrs. B. was delivered of her first child by a female practitioner, January 8th. The child was unhealthy, bloody serum issued from its mouth and nostrils, and it died the next day. Three days afterwards I was called to visit the mother. She had fever, with a disposition to copious sweats, and a hard and tender spot, of the size of the hand, on the left side of the hypogastric region, without, however, any general inflation. Lochia very offensive, but from first to last copious. Chills slight, no puking, pulse about 120, lacteal secretion not diminished. Pain in the back and head, but not severe; slight pains in the thighs. I did not see the midwife, but was informed that the placenta was not easily nor speedily extracted. Was a part of it retained? I have reason so to think. The fever ran a course of three weeks, without any material variation from the above symptoms, except that the discharge *per vaginam*, towards the close of this period, lost its fetor, and became sanguineous, with remission of the febrile symptoms. Secretion of milk not diminished. *Treatment*, during this period—febrifuges, diaphoretics, viz. Dover's powders, which were used for the purpose, and had the effect, of diminishing and finally checking her debilitating sweats.

Jan. 28.—Febrile symptoms so far abated that bark, catechu, and Port wine, were directed.

Feb. 10.—Pulse quick, soreness and hardness, of the left hypogastrium gone; but directly above the pubes, the same affection, with increased tenderness, and a *new* symptom, viz. extreme pain in passing water. In-

crease of colored evacuations *per vaginam*, amounting to as much as at the catamenial period, commenced just about four weeks from the time of parturition. Milk, as before, plentiful.

13.—She suffers more from passing urine than she did from the birth of her child ! Yet it could hardly be called a strangury, because she did not urinate often, nor in small quantity. Laid aside bark, wine, and catechu ; put her upon demulcents, with spt. nitri dul. and bled from the arm eight ounces.

14.—Pain in the pubic region so severe as to require from 1-4 to 1-2 a grain of sulphate of morphia, repeated once or twice in 24 hours, to control it. Urine not remarkably high colored, but containing mucus as thick as the mother of vinegar. Case now, evidently, an inflammation, and a severe one, of the neck of the bladder. No nausea, however, nor emesis. No hysteria. The patient can touch no sore spot in the passages.

15.—Calomel, 20 grains, followed by full doses of sulphate of magnesia.

16.—Operated sparingly. Abdomen and hypogastrium very hot, but not tumefied. Solution of camphor externally, was applied.

17.—Bled to 320. Blood covered with a thick white pellicle, or buff. Next morning very much cupped.

19.—Symptoms still continue. Bled 314.

20.—The patient is pale, with slight nervous symptoms and despondency. Demulcents and cooling deobstruents ; anodynes and febrifuges continued.

23.—The heat and febrile symptoms abated. Debility and paleness, considerable. Less distress in urinating. Had a consultation with his Excellency Gov. Peters, M.D. of Hebron, who saw the patient, and expressed his approbation of the general mode of treatment. He recommended demulcents, *pro injectio per vaginam*, in addition to her other remedies.

28.—Former distressing symptoms abated. She now complains, and it is her chief complaint, of a sore mouth ; from what cause is very obscure, for she has no signs of salivation, no aphthæ, no sloughs, nor redness of the parts complained of, nor the least swelling nor ulceration. The last time she complained of this singular soreness it was in the joints of her jaws. I on the whole referred it to one of the forms of hydra-headed hysteria, of which, considering the parts affected, and the probability of there having been, along with the vesical inflammation, a like affection of the uterus, she has been remarkably free.

March 1.—Put her upon the supporting plan, with small doses of bark, and allowed a teaspoonful of wine, and no more, two or three times a day.

5.—All her former symptoms abated, and a new one commenced, viz. *piles*, both bleeding and blind. Pain intense, hæmorrhage considerable. Prescribed sublimed sulphur, with super tartrate of potash.

16.—Recovered, and free from complaint.

*Remarks.* In bleeding Mrs. B. I deviated from all my former practice, she being the first and only puerperal patient which I ever bled ; for I never adopted fully the opinion of Denman, that this evacuation was

proper in common cases of puerperal fever. This case, however, was to me a novel one, and I resorted freely to that evacuation, from its symptoms, and its propriety has been justified by the event. Had I not bled at all, or *bled less*, the termination of this violent inflammation would have probably been in *abscess*.

[To be continued.]

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## BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, APRIL 1, 1835.

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### "THE CYCLOPÆDIA OF PRACTICAL MEDICINE AND SURGERY;

A DIGEST OF MEDICAL LITERATURE, EDITED BY ISAAC HAYS, M.D. PHILADELPHIA."

OUR readers are aware that this work is in course of publication in Parts containing about 112 pages each. Five of them constitute a good-sized octavo. The fifth number was published in September last, and completes the first volume. We are thus presented with ample materials for judging of the general character of the work; and although it may be considered a digression in us to call to it the attention of our readers, we feel it due to the highly respectable list of contributors, to give it at least a passing notice. We are the more desirous to do this, in consequence of its being the first attempt ever made in America to "present a digest of the existing state of knowledge on all the branches of the healing art." The importance and magnitude of the undertaking can only be appreciated by the profession. Such works have contributed largely to the advancement of medical science in Europe, and several on a similar plan are now in course of publication in France, Germany and Great Britain.

We have long desired an American Cyclopædia of Medicine. The progress of medical science in this country has suffered materially for want of proper books of reference. The rich contributions which the medical sciences have received from the discoveries of the 19th century are scattered over innumerable monographs, many of which are written in foreign languages, and accessible comparatively to but few. It is a lamentable fact, that we know of no popular work in the United States to which we could refer for a detailed account of the existing state of medical knowledge. The text books of the schools are too elementary; and although it may appear invidious, we are bound to confess that nearly all our systematic works are crowded with nosological arrangements, details of symptoms, or a long catalogue of remedies, without giving the reader that philosophical and practical information which the present elevated condition of the science would suggest. This circumstance may be attributed in a great measure to their being very generally written by single individuals, whose unaided efforts, however just and meritorious, are seldom, if ever, adequate to the magnitude of the undertaking. A single branch or a single subject is often as much as the genius of one man can master. Medical science for the last half century has progressed with such amazing rapidity, that it requires no ordinary industry to keep pace with its improvements. We trust the time has passed when the metaphysical dogmas of the schools retarded its progress, by occupying the partizans of the different sects in unprofitable disquisitions upon their truth or



plausibility. The inductive philosophy has dispelled these barriers to its progress ; facts have supplied the place of hypothesis, and under the guidance of a philosophical experience, medicine is advancing towards that certainty and precision which characterize the demonstrative sciences.

From the tenor of the prospectus issued by the publishers of the Cyclopædia, we were induced to believe that most of the articles would be compiled from similar European publications ; but we are happy to pay the publishers the rare compliment of having accomplished more than they had pledged themselves to perform. The present volume is made up of original communications from distinguished medical men in different parts of the United States, and we have no doubt that its national character will continue to be preserved. The name of the author is appended to each article, and the writer is thus made responsible for his opinions.

The Cyclopædia of Practical Medicine and Surgery is on a much larger scale than the London work of the same name. In its general arrangement, and in the character of its articles, it bears a greater analogy to the Dictionnaire de Medecine et de Chirurgie Pratique. Copland's Dictionary, now in course of republication in this city, is inferior to the Cyclopædia in point of size. The letter A, in the former, occupies only 162 pages ; whilst in the latter work, 560 pages have not completed the articles under that head further than *Angina Pectoris*.

But it is not in size, only, that this work bears comparison with European ones ; we believe that it is not surpassed by any similar publication in purity of style, soundness of reasoning, and useful practical information. However others may be disposed to differ from us in this unqualified encomium, of one fact we are very confident, viz. that the American Cyclopædia of Practical Medicine and Surgery, from the circumstance of its being adapted to the state of medical science in this country, is much more valuable to the American practitioner.

It would afford us pleasure to give an analysis of its contents, for many of the articles are interesting and highly instructive to the general reader ; but we are in danger of transcending our limits, and must beg leave merely to advert to the manner in which some of the writers have executed their task.

The arrangement reflects great credit upon its learned editor, Dr. I. Hays. His pen has supplied many of the most valuable and important papers ; amongst which are Amaurosis, Abstinence, Abdominal Pulsations, Influence of Air upon the Tissues, &c. His explanations of medical terms and technicalities, a very laborious part of the work, are given with clearness and accuracy.

Dr. Geddings, of Baltimore, has contributed very largely to the first volume. We have read the articles having his signature with interest and instruction. They are characterized by soundness of reasoning ; and the comprehensive manner in which he has described many obscure points in special and surgical anatomy, indicates a thorough practical knowledge of the subject. See Anatomy of Abdomen, Amputation, Anatomy, &c. &c.

The surgical parts of the article Abdomen are written by Dr. R. Coates. He has also contributed some valuable observations under the head of Adhesion. The writings of this gentleman are plain and practical ; they evince considerable research, and are evidently the production of a philosophical mind. His style in these articles is precise and systematic, to a degree that we should scarcely have anticipated from one who has occasionally pleased us by his imaginative writings. Medical authors are

particularly careless here. We find some describing the most simple facts with an ostentatious display of words and metaphors ; whilst others are so desultory and verbose that it is really painful to follow them. Were we disposed to carp, we might find fault with the style of two or three of the writers of the *Cyclopædia*. But they are rather guilty of inelegances than actual faults, which there is no time at present for noticing.

The numerous contributions of Dr. G. B. Wood by no means detract from his just reputation as a writer on *Materia Medica*. The article *Aloes* is decidedly the best we have seen upon that subject.

Dr. Dewees is so well known as a writer upon *Obstetrics* and the *Diseases of Females*, that it is unnecessary to eulogize his essays : yet, as an author, he is no favorite of ours.

The medico-legal remarks of Dr. Griffiths are judicious. His *Acclimatement* contains much useful and interesting matter. He writes in a happy style, and has contributed a number of medico-botanical articles that will be read with interest.

Dr. T. Harris is the author of a long and able dissertation, under the head of *Abscess*.

The articles *Absorption*, *Alteratives*, and *Anemia*, are written by Dr. Samuel Jackson. They present the reader with a lucid view of the existing state of our knowledge upon the subjects on which they treat, and contain some highly important original remarks, illustrated by cases which have come under the author's personal observation. The writings of Dr. J. are particularly worthy of notice, being both pertinent and logical.

Most of the subjects relating to *Chemistry* are from the pen of Dr. Bache. They are all written with that accuracy and clearness for which Dr. B. is remarkable. We are also indebted to him for an interesting article on *Acupuncture*.

Most of the contributions of Dr. Emerson are on cutaneous diseases. He has evidently paid considerable attention to affections of the skin. He has also written on *Affusion*. His style is terse and lucid.

Dr. Condie, well known to the profession as a writer, is the author of several well written physiological and pathological articles. Under the head of *Ages*, he has given an elaborate account of the "several stages through which the human body passes during its progressive development and subsequent decay, from the period of birth to that of its final dissolution." This is an important communication, and contains much to interest the general reader.

Dr. Warren, of Boston, has given some judicious observations on the action of air when admitted into the veins.

We are indebted to Dr. Horner for *Ambulance* and *Anchylosis*. Under the latter head we have a supplementary communication from Dr. J. R. Barton, confirmatory of the success of his celebrated operation for *anchylosis* of the hip joint.

*Aneurism* is from the pen of Dr. Hodge. He has done ample justice to the importance of the subject, and excepting some little inelegances in diction, it is perhaps the most finished production upon *aneurism* which has appeared in this country.

The volume closes by a communication from Dr. Chapman on *Angina Pectoris*. He has given a graphical account of the disease, and his views of its pathology and treatment are illustrated by a number of cases.

We have thus presented our readers with a hasty glance at the contents of the first volume. We fear that on the present occasion we may be suspected of having acted the part of lenient critics : and if we have not been sufficiently censorious, we can offer to our readers no better apology than that we have endeavored candidly and dispassionately to canvass its merits. On consulting the list of contributors there are noticed the names of many individuals whose efforts are yet to be called forth. With such aid always available, the Cyclopædia cannot fail to succeed; and we confidently look forward to the result of their united exertions, as calculated to promote the cause of science, and the medical literature of our country.

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*Berkshire Medical Institution.*—An unsuccessful appeal was made the last week, by the corporation, to the Massachusetts legislature, now in session, to obtain pecuniary relief. The committee, of whom Dr. Lewis, of Boston, was one, were impressed with the necessity of granting the institution one thousand dollars, annually, for five years, which would have enabled the trustees to have paid off the debts and put the public buildings in good condition.

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*Jefferson Medical College.*—On the 12th of March,\* the degree of Doctor of Medicine was conferred on fifty-eight gentlemen : two hundred and thirty-three attended the lectures of the institution. This great class is certainly an evidence of the estimation in which the college is held by those who are competent to decide upon it.

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*An excellent Regulation.*—The Board of Trustees of the House of Correction at South Boston, adverted to in the last Number of the Journal, have ordered that whenever a convict is received at that institution, he shall be examined by the physician, and if not vaccinated, the operation is required to be performed. We trust this excellent regulation will obtain at all prisons throughout the United States.

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*Cholera at Martinique.*—Capt. Smith, of the schooner Northampton, 13 days from St. Barts, informs that the Cholera had made its appearance at Martinique. A vessel which arrived at St. Barts from that place, was not permitted to enter.

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*Smallpox.*—This loathsome disease exists to a considerable extent in New Orleans. We understand it has also shown itself at South Reading, Mass. the last week, in two individuals. The physicians are meeting the danger, promptly, by vaccination.

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*Medical Jurisprudence.*—Notice has been given that Dr. T. R. Beck, of Albany, N. Y. is preparing a second edition of his work on Medical Jurisprudence, which was well received by the medical public a few years since.—The Catechism of Medical Jurisprudence, by Dr. Williams, appears to meet the approbation of the class of readers for whom it was designed, and the sales will probably be fully equal to the expectations of the publisher.

**Medical Students.**—It was our intention to have given, this month, a statement of the number of medical students attending lectures in the United States the present winter; but our returns being incomplete, we merely state that it does not fall far short of 2,500.

It may appear strange that the Transylvania University, situated in the interior of the country, more than 500 miles west of Philadelphia, should rank, in point of number, second in our country; and in its ability as regards professors, we believe it will stand a fair comparison with any similar institution.

The printed circular for this winter presents a list of the names of 255 students, and as the names and residence of their respective preceptors are given, the catalogue must be correct.—*U. S. Med. and Surg. Journ.*

THE third and last paper of our correspondent W. on Masturbation, came too late for the present number. We rejoice that the melancholy effects of this vicious habit have been thus described by one so well qualified to exhibit them in their true light, and we hope that knowledge so important to many out of the profession will not be confined to the pages of the Journal.

The name of W. G. Dickinson, M.D. Franklin, Tenn. was accidentally omitted last week in our list of agents.

**DIED**—In Brunswick, Vt. Dr. Solomon Heaton, aged 65.—In Hartland, Vt. Dr. Rufus Wheeler, of Plainfield, N. H. 74.—In Exeter, Va. Dr. Wilson C. Selden, a surgeon in the revolutionary army, aged 74.—In New Gloucester, Me. Joel S. Stevens, M.D. an amiable man and good physician, aged 35.

Whole number of deaths in Boston for the week ending March 28, 29. Males, 18—Females, 11. Of consumption, 8—lung fever, 5—inflammatory fever, 1—infantile, 1—erysipelas, 1—typhous fever, 1—old age, 2—apoplexy, 3—sudden, 1—scarlet fever, 1—dropsy, 1—palsy, 1—epilepsy, 1—liver complaint, 1—fits, 1.

## ADVERTISEMENTS.

### MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of MEDICAL INSTRUCTION, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive Clinical Lectures on the cases which they witness there.

Instruction, by examination or lectures, will be given in the intervals of the Public Lectures of the University.

On Midwifery, and the Diseases of Women and Children, and on Chemistry	By DR. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica	By DR. WARE.
On the Principles and Practice of Surgery	By DR. OTIS.
On Anatomy, Human and Comparative	By DR. LEWIS.

For the greater accommodation of the Class, a room is provided in the house of one of the instructors, having in it a large library, and furnished with lights and fuel, without charge to the students.

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XII.]

WEDNESDAY, APRIL 8, 1835.

[NO. 9.]

## THESES AT THE PARISIAN CONCOURS.

[See page 90.]

ARGUMENTATIONS ON THE THESIS OF M. VELPEAU, BY MM. LISFRANC  
AND BERARD.

### *Remarks of M. Lisfranc and Replies of M. Velpeau.*

**M. LISFRANC.**—In page 91 of your thesis, speaking of the doctrines of M. Fleurens, and the manner in which compression of the brain is produced, not merely by the presence of a certain quantity of fluid in the cavity of the skull, but by the indirect influence of the osseous case, reacting on the extraneous body, you say that M. Serres (*Ann. des Hopit.*, t. 1, p. 250) has omitted to take this peculiarity into account, and hence concluded that fluids effused within the skull were incapable of producing compression, and that the trepan, in this respect, was almost useless. I think you have here fallen into an error, and attributed to M. Serres ideas which he never had. M. Serres was perfectly acquainted with the influence of the osseous skull in giving rise to compression, for he always took the precaution of closing the orifice by which he introduced the fluid, and thus placing, as far as was possible, the skull in its natural condition.

**M. VELPEAU.**—The observations and experiments of Serres all tend to prove that the effects of effusion into the cavity of the skull are not dangerous, and that a considerable quantity of blood may be shed between the membranes, without causing any derangement or trouble in the functions worth noticing. He attributes many of the symptoms of compression to alterations of the cerebral substance, and neglects altogether to take into consideration the reaction of the skull on the effused matter.

**M. LISFRANC (Interrupting).**—But I say yes; for why did he close up the opening which he made into the skull, if it were not for that object?

**M. VELPEAU.**—Serres closed the opening merely to prevent the issue of the fluid which he injected, not to represent the integrity of the skull, for he nowhere speaks of the resistance offered by the bones as the principal determining cause of compression. Had he done so, he would have agreed with other writers, and it would not have been necessary for Fleurens to refute his doctrine in the manner he has done.

Lisfranc, after some discussion on this point, attacked the author of the thesis for having spoken too lightly of trepanation as a surgical operation, which he says (p. 143) "presents no difficulty whatever."

There are few operations in surgery more easy or more simple, and without ignorance or awkwardness the surgeon can make no mistake of consequence." I do not (pursued M. Lisfranc) regard the application of the trepan as so simple or easy an operation as you here represent it to be. While I was employed in giving lessons in operative surgery I had frequent occasion to see the trepan applied by surgeons and physicians who came to me from the provinces, and the mistakes made were much more frequent and serious than you seem to think of: for example, I have more than once seen the dura mater opened.

M. VELPEAU.—I do not say that trepanning does not require some degree of dexterity, but I maintain that it is an easy, a very easy operation. You have here no long or laborious dissection, no very important points to avoid, no arteries to take up, &c.; you have simply to divide a certain quantity of bone. As to the injury of the dura mater, a surgeon must indeed be very awkward to wound it; besides, division of that membrane is not a very grave accident; by no means to be compared with the division of a main artery or nerve, &c. in various operations on the extremities.

M. Lisfranc answered to this—in the short, caustic, almost contemptuous manner which he so often employs—I regard injury of the dura mater as a much more severe accident than you do. M. Lisfranc then referred to the uncertainty of opinion which characterized the thesis, and to some contradictions, even, which required to be rectified; thus in one place, where fissure is spoken of, the author says, "if the fissure be large and the blood escape freely, trepanning may be deferred when the symptoms of compression are not very severe; in opposite circumstances the trepan should be applied to the exclusion of all artificial separation;" but in page 53, M. Velpeau distinguishes some cases of effusion in which the trepan is not absolutely necessary:—"Thus, when the fracture presents some slits gently separated from one another, the interval of the fragments may be increased for the moment, and the issue of the blood, if it still remain fluid, be favored." This, said M. Lisfranc, is a manifest contradiction; in one place you say the trepan should be applied to the exclusion of all separation, and in a subsequent passage you recommend what you have before condemned; the words are clear.

M. VELPEAU.—In the first passage I spoke of the ~~permanent~~ separation of fragments as practised by Giraud. In the second I refer to a *temporary* separation, which is quite a different thing, and say that when it is easy to separate the bones for a short time, it is better to do so than to trepan, but if it were necessary to keep the fissure open for several days, I regard it as a bad practice, and would sooner trepan.

M. Lisfranc again pointed out a contradiction. In page 244, you "trepan for all effusions, wherever situated and of whatever nature;" while in page 246, you say the trepan is not indicated when the effusion of blood or pus is diffused. Now I should like to know how you distinguish or are able to tell whether an effusion of blood be diffused or circumscribed, whether pus be infiltrated or collected in an abscess. You may have an effusion covering half the hemisphere, or merely extending for six or eight lines in diameter; here are two cases which require two means of distinguishing by the symptoms, and in general the two

of effusion are liable to be confounded by the best surgeons. I have myself seen many cases in which, were we to follow the symptoms given in books, you would have said the effusion was diffused, but on opening the body after death we found it perfectly circumscribed.

M. VELPEAU.—In circumscribed effusion you have certain local symptoms connected with the point of the brain which is the seat of the injury ; these are generally sufficient to show that the effusion is confined to a small space. When the fluid occupies a larger surface and is diffused, you have paralysis, &c. and all surgeons point out the difference between the two forms of effusion. With respect to the cases to which you have alluded, when a great part of a hemisphere is covered, the fluid is either laid on in a thick or a fine layer ; in the latter case there is no paralysis, no compression ; if the layer be thick, these symptoms of sudden compression are manifested ; this shows how we can distinguish certain forms of effusion. When the fluid occupies only half a hemisphere I regard it as circumscribed, though you do not.

M. Lisfranc did not consider any effusion circumscribed unless it was collected into an abscess (*foyer*) ; besides, he could not allow an effusion of fluid extending over half a hemisphere to be circumscribed.

*Remarks of M. Berard and Replies of M. Velpeau.*

The length to which we have already carried our report will permit us to give the remaining argumentations only very briefly indeed.

M. Berard began by asking the candidate what symptoms distinguished fractures with depression from sanguineous tumors under the scalp (*bosses sanguins*, we did not exactly catch the word) ; one requires the trepan, the other not ; he did not find them distinguished in the thesis.

M. Velpeau would ask in reply whether the speaker was unable to distinguish them by the symptoms detailed ; if not, let him state in what respect there was an omission or deficiency, and he should have an answer.

M. Berard, after some remarks on the application of the trepan in cases of depression, recurred to the objection already advanced by M. Lisfranc, on the diagnosis of circumscribed and diffused effusions, which he said M. Velpeau did not distinguish in his thesis sufficiently well.

M. Velpeau did not think he was bound to enter into these particularities, he had merely to treat the symptoms in a general manner ; if he had a patient before him, it would be a different thing ; then he might lay down the distinguishing symptoms.

M. Berard opposed to this that as he had entered into the symptomatology of compression, contusion, commotion, &c. of the brain, he should have equally spoken of the distinguishing symptoms of diffused and circumscribed effusions, particularly as the treatment with regard to the trepan was so different. Besides, said M. Berard, there is a marked indecision of opinion running through your whole thesis : at one page you say one thing ; a few pages further on you differ from yourself ; and if we read on we soon find an opinion quite opposite ; here is a proof :—in page 96 you say—"Contusion of the brain is a frequent complication of wounds of the head," and you ask if the trepan may not be applied to

prevent the accident which follows it (*à titre de moyen preventif*) ; in page 114 you recommend the trepan for contusion, when announced by a certain set of symptoms, as dull pain, &c. ; and again, in page 245, you say, "we trepan in contusion of the brain, with symptoms of supuration or paralysis." Here are three different opinions ; first, the trepan to prevent accidents of contusion ; second, you trepan in all cases of contusion, on account of the accident itself ; third, you trepan in contusion only where there is paralysis or suppuration.

M. VELPEAU.—In page 245 I spoke of contusion and the trepan in a general manner ; at page 114 I say we may ask whether the trepan be proper or not when certain symptoms of contusion, such as dull pain, a sense of pressure, &c. are felt.

We need report this debate no further. It yielded nothing more which possesses interest for the English reader. We have still, however, something to add which is necessary to render our record of the concours complete,—a record which is unique of its kind in our own language, and calculated, we believe, to yield much gratification, in the perusal, to the profession. We are enabled to conclude our notice this week, by announcing that after a doubtful contest between M. Velpeau, M. Blandin, and M. Sanson, the first was chosen definitively, and that

The nomination of M. Velpeau to the Chair of Clinical Surgery took place on Wednesday, August the 6th, at five o'clock in the afternoon, M. Velpeau having obtained seven votes, and M. Sanson five.

## REMARKS ON FEVERS, WITH CASES.

BY JOSEPH COMSTOCK, M.D. OF LEBANON, CONNECTICUT.

[Communicated for the Boston Medical and Surgical Journal.]

[See page 128.]

ISOLATED cases of fever, and indeed of all other diseases, if they have no general bearing upon the healing art, and if they stand detached from principles, precepts and inferences which may be applied either to other cases or to the prevailing diathesis or epidemic constitution, are of little utility.

To illustrate this subject still further, I will briefly refer to a case which occurred whilst I was residing in the State of Rhode Island, and during the reign of typhous fever there, and which has never been published.

Mrs. C., a lady of distinction, became my patient, Dec. 1814, having been pronounced by her former physician in a state of confirmed hectic. She had night sweats, cough, expectoration, swelled ankles, and a pulse of 140 in a minute. This extreme quickness of pulse, strange as it may seem, was the only symptom which gave me any reason to hope that her hectic was not confirmed. My reasoning was, that this *extremely* quick pulse partook more of the reigning and all-controlling epidemic, than of consumption. She recovered, and in the autumn of the next year became pregnant ; and I have no doubt that the atmospheric cause, which in the village where she lived produced malignant typhus, *converted her*



hectic, and materially affected her recovery. It was with this point in view, that I first thought of introducing this case here. But the sequel and further notice of it being somewhat interesting, and also, as the writer thinks, throwing further light upon the subjects of this paper, a notice of it will be continued.

In April, 1816, the measles were in Mrs. C.'s family, which she never had, and which, although in the eighth month of her pregnancy, she could not nor did not attempt to avoid, the family being large and requiring her care. Since her pregnancy, she had suffered much from pain in the iliac regions, her general health not being fully confirmed. On the 21st of that month the writer was called in the evening, she being seized with a violent pain in *one tooth*, with nausea and *very high* fever. During the evening she threw up a quantity of dark green, almost black matter, from her stomach. The same night a reddish eruption appeared in her face, and no doubt now existed that her illness was an attack of measles. The next morning, however, the pain in the tooth and the eruption in her face had entirely subsided. Travail pains came on with vigor and celerity, taking the place of her fever and all other complaints. She was delivered the same forenoon of a dead child, having a breech presentation, six weeks prematurely. To add to the difficulties of an already critical case, a retained placenta was found to exist, with flooding, which for two hours made my situation distressing in the extreme. But at the end of this period, a slight pain aided in its extraction. Earlier than this I was unable, *manus in utero*, to bring it away without using such a degree of force as could not be justified. No symptom of measles ever again recurred, their action on the arterial system being overcome, as I think, by the pains of parturition, and their contagious nature, or assimilating quality, being expelled by the accompanying evacuations. Or however otherwise accounted for, or however unaccountable, nothing further of the measles ever occurred.

Various as the remote causes of fever may be, the *proximate* cause must be considered the same, and the removal of this as a removal of the malady. If the parturient evacuations are not considered sufficient, we have in the conclusion of this case *imposthume*. Mrs. C. continued for six days after her delivery nearly as comfortable as women usually are in similar circumstances. She was then seized with a bilious fever, which lasted five days, and then gave way under the evacuant treatment with calomel. But a new complaint succeeded. It was a troublesome pain, shifting, but every afternoon occupying some part of the hypogastric, or sacral, or pubic, or coxygic regions, with fever and difficulty of passing urine. Pulse 120 to 130. No chills, but partial sweats, about the head and face. On the 3rd of May a consultation was held with her former physician, a gentleman of respectable talents, who now adhered to his former opinion, viz. that Mrs. C. was in a confirmed consumption, although her cough and former phthisical symptoms were not present.

On the 8th of June, the harassing pain still continuing, mitigated only by opiates, a consultation was held with the first medical character then in the State, Pardon Bowen, M.D. of Providence. As she never had any difficulty of supporting herself on her feet, or walking, it could not be considered as a forming-psoas-abscess; but Dr. B., as well as myself,

thought it likely to end in an imposthume of some part within the hypogastrium. Our prognosis was not unfounded; twenty days after this consultation, and sixty-seven days after parturition, purulent matter appeared, issuing from the urethra, of a greenish color. And what is sufficiently remarkable, this purulent discharge, which continued for three weeks, was never mixed with the urine! The two evacuations, although from the same orifice, always flowed independently of each other. The idea of a valve, with its fastening or hinge upwards, on the inside of the bladder, which closed as the urine passed over it, and opened by the pressure of the purulent matter behind it, was the way in which I accounted for this at first unaccountable phenomenon. The reader, if not satisfied with this, must form a more plausible conjecture for himself. The difficulty of passing urine abated after the bursting of this abscess. Extravasation, with its appalling miseries, haunted my imagination, but it did not occur. Mrs. C. recovered of all her ills, slowly but permanently, and thirteen years afterwards had nothing of consumption.

Zimmerman, from Dr. Friend, gives the history of a case of fever, in which an abscess of the bladder took place, simulating stone. The patient died, an examination was made, and the seat of the abscess found between the neck of the bladder and rectum. Certain symptoms in my patient, which I fear making this article too long to detail, led me to form a decided opinion that this was the identical seat of the abscess in the case of Mrs. C.

**LUNG FEVER.** The term *lung fever* has not, to my knowledge, been adopted by any reputable writer. It is applied in popular language, of late, to almost all pneumonic and catarrhal affections with fever. I am decidedly against new names, when we have already too many old ones. But if the term must be retained, as it probably will be, it ought to be restricted within certain appropriate limits. There have been some cases of fever the present season with congested lungs, cough, expectoration sometimes streaked with blood, and difficult respiration, but without any pain about the thorax! This singular anomaly I could scarcely realize, because everything denoted acute pain in the chest. Such cases have sometimes proved fatal. If the term *lung fever* could be confined to such cases, its use would not seem unappropriated.

*March 20th, 1835.*

## EFFECTS OF MASTURBATION, WITH CASES.

[Communicated for the Boston Medical and Surgical Journal.]

AVOIDING, as I intended, all consultation of authors on the diseases which follow Masturbation, I shall only detail cases that have come under my own observation, and remedies of which I have seen the good effects. I commenced by remarking that the symptoms attending the early indulgence of the habit can always be cured, if the practice be wholly discontinued. From the apprehension that the cause of these symptoms is often overlooked, by the best physicians, it is conceived that the history of the first impression of the habit upon health and intellect is of the

greatest importance. Whenever, therefore, a train of symptoms, such as was described in a former paper, takes place at a time of life most obnoxious to the injurious influences of masturbation, the cause not being apparent, the patient should be closely questioned as to this habit ; and but too often the whole mystery of cause, so long unknown to patient, parent and physician, will be developed.

A respectable young gentleman, of one of the learned professions, was out of health for a long period ; his head and eyes suffered exceedingly, and he was in a state little short of insanity. He placed himself under the care of one of the most eminent men in the metropolis, and followed his prescriptions a year, but without benefit. He then called upon another, who asked him whether he was addicted to masturbation, to which he answered in the affirmative. The advice given him was principally to abstain from the indulgence, and his health gradually improved, and is now re-established.

B. D., aged 20, had had ill health for a year or more ; he was pale, feeble, nervous—lost his resolution—had no appetite—took to his bed most of the time, and became dull, almost speechless, and wholly abstracted and melancholy. His brother was his physician ; but not ascertaining the cause of his symptoms, he gained no advantage over the disease, and the unhappy young man was constantly losing strength and flesh. After a while he came under the care of the writer. He was in the most miserable condition conceivable ; emaciated, feeble, pallid—had night sweats, diarrhoea, or costiveness, total loathing of all food ; his heart beat, his head was painful, and he felt no desire, and would make no effort, to live. Suspecting masturbation, I found, upon strict inquiry and watching, that my suspicions were well founded. I pointed out the danger of the practice, assured him that it was the cause of all his sufferings, and that he might be restored to usefulness and health again if he would strictly adhere to the course prescribed for him. He took bark and iron alternately for a long time, pursued a course of gentle exercise and invigorating diet, and gave up at once the vicious indulgence. After a long time he wholly recovered, and is now a healthy and valuable citizen.

P. W., aged 27, called for advice in the summer of 1834, having had ill health for some eighteen months or two years. He complained of confusion of the head and pain in the eyes, indigestion, palpitation of the heart, and difficulty of respiration. His sleep was disturbed, his temper irritable, and he felt dissatisfied with himself, and greatly inclined to gloom and melancholy. He complained of listlessness and indisposition to any bodily efforts, and of inability to fix his mind upon any subject, or give his attention to any business. His hands were cold, countenance pale and dejected, pulse frequent, and his whole system in a state of great irritation. It was ascertained that for two or three years he had been in the daily habit of masturbation. For eight or nine months last past, he has discontinued it ; he is, however, occasionally subject to nocturnal emission, which has thus far interfered with his recovery ; but he is better, and under the use of tonic remedies, exercise and generous diet, feels confident of recovery, having regained his spirits and appetite.

H. F., aged 20, was for a long time in the habit of masturbation. He was for years confined to the house, and much of the time to his bed. By long indulgence the habit had become irresistible, and the consequences truly deplorable. His mind was as fickle and capricious as that of an infant, and his health was wholly prostrated. For five or six years he was the most wretched being imaginable. Nocturnal pollution, spontaneous emission, and all the evils resulting from unrestrained indulgence, were presented in this truly unhappy young man. He had been apprised of the danger which the continued practice would bring upon him, and was sensible that all his trials had their origin in this vice; and yet the propensity had become so strong that he could not resist it, and if he did, the consequences had become such that little benefit was derived from his good resolution. In his intercourse with his friends he was covered with shame and confusion, and seemed to feel conscious that every individual that he met with knew, as well as himself, the height and the depth of his degradation. In this condition, in a fit of desperation, he attempted to emasculate himself, but succeeded in removing one testicle only. After he recovered from the dangerous wound which he inflicted, he began to get better, and after two years he recovered his health and spirits. He has since, at the age of 45, married a very clever woman, and they live in peace and harmony.

H. —, a young man 20 years of age, had been feeble and dejected for two years. He was pale, torpid, irresolute, and shamefaced in the extreme—so much so, that I could not catch his eye during a sitting of an hour. He complained of his head, of short breathing and palpitation of the heart, and of extreme debility. His extremities were cold and damp, his muscular system remarkably flabby, and his snail-like motions evinced great loss of muscular strength. His father, who accompanied the young man, said that he had consulted many physicians without benefit. The moment that he came into my room I was strongly impressed that he was the victim of this solitary vice. I questioned him some time without ascertaining the cause of disease. His father was wholly ignorant, and the physicians had not suspected it, or inquired concerning it. I requested a private interview—told him the danger of such habits, the importance of ascertaining the true cause of disease, and my suspicions that he was in this habit, and that if so, he would soon fall a victim to its influence. He then acknowledged that he was in the daily practice of masturbation, and had been for three years—that he often also had spontaneous emission, &c. He had never suspected that it had any influence upon his health.

The symptoms which follow masturbation, viz. nocturnal pollution and spontaneous emission, often continue after the victim of the vice is made sensible of the danger of voluntary indulgence. These require distinct and separate consideration. In some cases they become very obstinate; and in spite of every effort, continue to make such a waste of vital energies as to prevent a recovery of the health—and the new form of disease continuing, the same fatal results follow which take place from a continuance of the habit. The local irritability of the organs of generation often becomes so great, that the ordinary evacuations of the bowels and the bladder produce an emission; and even lascivious ideas,

riding on horseback, or other equally slight irritation, has the same effect. Such cases require the utmost care, to afford any chance of recovery.

In addition to the common remedies prescribed for the effects of masturbation—as bark, iron, silver, the cold bath and shower bath, &c. which are valuable remedies for this local, as well as for the general debility attending the habit—other remedies, of a more stimulating character, and that have a more direct local effect upon these organs, are also indicated. Of these, tincture of lytta, bals. copaiva, and nitrate of silver, may be named. The strong tinct. of lytta (made of pulv. lytta, 3 10. alcohol, lbj.) may be taken in doses of from 10 to 20 drops, increasing, so as to produce a slight irritation of the urethra, and continued in such doses as will keep up this effect without occasioning actual pain. The dose should be repeated three or four times a day, generally. The very best effects often result from the use of this remedy.

Balsam of copaiva, if the urethra is irritable, may be a valuable remedy. Nitrate of silver is also both useful as a general remedy, and as having some local action on these organs. From one to four grains may be taken daily, combined with a little opium, to prevent irritation of the stomach and bowels.

In leucorrhœa, which too frequently arises from this cause, these remedies promise much; and when prescribed in efficient doses, often effect a cure, whatever may have been the cause of the disease. It is not too much to say, that no one cause more frequently affects the health of females, and lays the foundation of fatal disease, than severe and long continued leucorrhœa; and yet, if attended to early, it is easily cured. It ought, however, even if slight, never to be neglected. W.

March, 1835.

# WORCESTER INSANE HOSPITAL EXPENDITURES.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—In your statement in relation to the expenses of the State Lunatic Hospital in Worcester, Mass. you made a natural mistake, which a second reading of the Treasurer's Report will show you. On page 18 of the Report the whole amount of payments is \$18,972 87—from which is to be deducted the sum of \$3,132 60, leaving the real expense of the Hospital for the year to be only \$15,840 27;—a difference worthy of notice in these days, when so many men measure the expediency of restoring the true image of God—the immortal *mind*—from the chaos of insanity, by the pittance of dollars which it may cost; who grudge the poor lunatic the faint glimmer of light dawning upon him, and would, to quote Peter Sibley's metaphor, take him from his "Heaven" and carry him back to the "Hell" whence he was taken. B.

March 26, 1835.

# DESCRIPTION OF THE MUSEUM OF NATURAL HISTORY, IN FLORENCE.

BY W. TULLIDGE, OF FLORENCE.

[Communicated for the Boston Medical and Surgical Journal.]

THIS magnificent establishment owes its origin to the illustrious family of the Medici, and particularly to the Grand Duke Leopold, who augmented considerably the collection, by a complete supply of chemical and mathematical instruments, a splendid assemblage of anatomical preparations, and a variety of other natural productions, from the animal, vegetable, and mineral regions of nature.

In the court of entrance to the Museum, there is an armillary sphere, of very large dimensions, constructed according to the Ptolemaic system, and a terrestrial globe ; at the end of the second court is the chemical laboratory, and near to it a large saloon, which contains the fossils of Tuscany, and the microscopic shells described by Soldani.

On the first floor of the building there are eight apartments, which contain the different physical and mathematical instruments and apparatus, amongst which is preserved the telescope of Galileo, under which we read the following inscription.

*Tubum opticum vides Galilei inventum et opus, quo maculis  
Solis, et extimos lunæ montes, et jovis satellites, et novam quasi  
Rerum universitatem primus depexit. A. D. 1609.*

Here are also preserved the thermometers and other instruments of the Academy del Cimento, and the slow furnace, which was used for the experiments of the same academy, and more recently by the late celebrated Sir Humphrey Davy, in the combustion of the diamond. In an apartment, near to this, are a great variety of skeletons of different animals. This apartment leads to the botanic garden, which belongs to the same establishment, and which is enriched with rare plants.

On the second floor are the anatomical preparations in wax, which are certainly the most beautiful, useful, and complete collection, of the kind, in the world ; and the wonderful precision and accuracy with which these works are executed, excite the astonishment of anatomists.

It appears that the art of modelling anatomical structures in wax, was first done by Luigi Cigoli, and Gaetano Giulio Zumbo, a Sicilian, but the greatest part of the works, which enrich this museum, is by the hands of Clement Susini. The three first apartments contain the preparations of the muscular system, and organs of voluntary motion. The fourth apartment contains the preparations of the bony system, the teeth and their development. The fifth apartment contains the organic structures of the vascular system. The sixth apartment contains portions of various organized structures, which illustrate the intimate structure of the heart, the extreme vessels, the organs of sense, and those of the voice—the lymphatic vessels of the brain, of the face, neck, thorax and abdomen. In the seventh apartment there are two skeletons, designed to show the articulations of the joints and the ligaments. In the eighth apartment is a female preparation, which presents the whole interior of the body, in which may be studied the different organs, their form, color, connec-

tions and structure. The first apartment of the second wing of this part of the building, contains different portions of the human body, as those of the brain, showing by various sections its internal structure, also the organs of respiration and digestion. The tenth apartment contains other portions of the brain, spinal marrow, and nervous system, where may be observed the origin of the nerves, and the intimate structure of the organ of hearing. This apartment contains, also, an adult figure, which shows the complete system of the sub-cutaneous lymphatic vessels. In the eleventh apartment there is another adult figure, which shows the distribution of other lymphatic vessels, and also the origin of the cerebral and spinal nerves. In the twelfth apartment are seen the deep-seated lymphatic vessels of the head, the limbs, thorax, and abdomen. In the thirteenth apartment, there is an adult figure, which shows the principal divisions of the great venous trunks, with other preparations illustrative of the venous system. The fourteenth apartment contains two adult figures, one showing the great arterial trunks, and the other the whole of the arterial and venous systems, with divers other preparations of the nerves. The fifteenth apartment contains a variety of preparations relative to comparative anatomy, and another for the obstetric preparations, in which the different appearances of the gravid uterus, at different periods of gestation, are most accurately represented, as also the progressive organization of the embryo from the earliest stages of impregnation. This apartment alone would be sufficient to show the high degree of perfection the artist Susini had attained, in making models of anatomical preparations in wax. But no description can possibly convey any adequate idea of the great merit of the artist, the praise due to the celebrated Fontana who superintended and directed the formation and arrangement, and above all the great utility of such a school of anatomy, always open to the public, and affording such facilities to students as no other city can boast.

**ZOOLOGY.** In a gallery of great length, which succeeds to the apartments above described, are collected the various prepared specimens of Ornithology and Ichthyology. In a saloon contiguous thereto, are a choice collection of reptiles and fish, with preparations illustrative of comparative anatomy, preserved in spirit. In an apartment adjoining, there is a large collection of insects; this leads to other rooms, where are the crustacea, polypi, and zoophytes, with a cabinet of Conchology, the most complete and celebrated in Europe.

**BOTANY.** There are three large apartments which contain various vegetable productions, in flower and fruit, beautifully imitated in wax, with collections of every kind of vegetable seed, and specimens of the different woods in a polished state, as also an herbarium.

**MINERALOGY.** The collection of minerals is one of the richest to be found, in variety and selection; these are distributed in seven apartments, classed according to the system of Haüy. In the apartment which succeeds to these, are the organic fossils, and a series of fossil bones, brought from Vardano. Another apartment contains the dresses, arms, and utensils, of the inhabitants of the islands of the Pacific Ocean, and other uncivilized parts of the globe.

Finally, in the last apartment, are other very curious preparations in

wax, and amongst which an historical representation of the plague of Florence, and its destructive and devastating effects, corresponding to the graphic description of Boccaccio. This curious and inimitable specimen of workmanship, in wax, was executed by Gaetano Giulio Zummo, a Sicilian, an artist employed by the Grand Duke Cosmo III.

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## BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, APRIL 8, 1835.

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### MORE CASES OF SMALLPOX IN THE HOUSE OF CORRECTION.

NOTWITHSTANDING the most praiseworthy exertions of the physician of the House of Correction at South Boston, after the development of the first cases of smallpox, mentioned in this Journal two weeks ago, one of the officers and two more convicts have since contracted the disease, and consequently were promptly removed to the Quarantine Hospital.

From the manner in which the contagion has been propagated in the apartments of this prison, some adequate conception may be formed of its insidious character. It cannot be restrained by a barrier of stone walls, nor by any of those ingenious contrivances which theoretically might seem to oppose its fearful approaches. Nothing short of a thorough vaccination—and the operation should in every instance be conducted by a physician, who is alone able to decide upon its success—can ever protect a person, who is susceptible, from the destructive action of this terrible disorder, when once brought within the sphere of its influence. Although we have been constantly engaged in the arduous and perplexing duties of the only smallpox hospital in this region, for a period of ten years, and have therefore witnessed at various times, and under all kinds of heart-rending circumstances, all possible forms of smallpox, of both foreign and domestic origin, yet our only personal safety from the same series of sufferings, has been the kinepock inoculation—exhibited in a little white scar upon the arm—which was made by a careful practitioner thirty-three years ago. With this positive evidence of the value and importance of early vaccination, we are almost daily asked the question—by gentlemen of intelligence, too—if we really have implicit faith in vaccination! There is, in our opinion, no wearing out to it. When once properly performed, no repetition of the operation is necessary.

We cannot conscientiously leave the subject, without once more urging upon all parents, guardians of the public health, school committees, select men of towns, &c. &c. the absolute importance of obliging every child to be vaccinated, however obscurely it may be located. The excellent and humane determination of the Overseers of the Boston House of Correction should be followed at every State prison, penitentiary and asylum, in the United States—viz., that every individual placed there, shall be forthwith vaccinated, if it has not been already done: otherwise, there will at times be an outbreaking of this dreadful scourge, growing out of the free intercourse which European emigrants—the principal bearers of the malady—have with all sections of the country, and producing alarm and consternation in the community, wherever it appears.



**Boston Medical Association.**—A principal object of this society is to associate all the regular physicians for the mutual purposes of friendship, and the systematizing of professional business. Not far from one hundred members are registered in the books of the secretary. Whenever a medical gentleman commences practice in the city, and subscribes to the rules and regulations of the society, a notice is forthwith sent to all the members, announcing his admission. The secretary is supposed to exercise a discreet judgment in relation to the character of the applicant's credentials. The original design of the society has been most happily realized, in the cordial good feeling which has invariably been maintained among its members, for a long series of years. In all large towns, a similar institution would have a most beneficial influence, by counteracting the effect of those jarring interests which too often characterize the social relations of medical practitioners, where an ambition is manifested to rise to distinction by the downfall of a rival.

**Medical Dispensary in Boston.**—This valuable institution for the gratuitous relief of the poor, was instituted in October, 1796, and incorporated February 26th, 1801. The officers are elected, annually, on the second Thursday of October. There is a chairman, secretary, treasurer, twelve managers, one apothecary, two consulting physicians, and ten visiting physicians, arranged in districts. It has always been considered of so much consequence to a young practitioner to hold an appointment in the dispensary, as an introduction into business, that no compensation has ever been made for the arduous services he is obliged to render at all hours and under all circumstances.

**Medical Charities.**—Without one single ray of truth, it has been intimated that in all the benevolent operations of the day, which constitute, in fact, a characteristic of the present century, medical men are rarely recognized among the *givers*. Medical associations have not been greatly distinguished for their charities, to be sure, for the best of all reasons, viz. having nothing to give; but as a profession, no class of individuals are so bountiful to the poor; as physicians. Were the gratuitous visits they are called upon to make valued at a farthing each, the aggregate would in a few years amount to a generous sum. But it is unnecessary to multiply words to prove the benevolence of doctors. There is not a practitioner, in extensive practice, who has not given away more, at the requisition of the suffering poor, than he has ever collected from the rich.

**Great Demand for Hygeian Pills.**—Another well devised scheme has been instituted in England, for raising a demand for these farcical boluses, by presenting Webb (who was justly sentenced to six months imprisonment for administering these magic balls to a smallpox patient) with several costly pieces of plate. With this blustering, it is probable the market may improve, which has been in a really languishing condition of late. The gullible were quite satisfied, in this country, with losing their money; but the effect of this brilliant display of generosity will undoubtedly give considerable briskness to the trade, as soon as the story has been properly circulated by accredited agents. In this city, the hygeian pills are made by machinery, which we have seen in operation.

We hope those patriotic valetudinarians who kill themselves in trying to live, will not forget native talent—as we assure them the home manufactured pills are quite *as bad* as those of foreign importation.

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*Medical Intelligence from Liberia.*—Dr. Ezekiel Skinner, of Conn. and Dr. Robert M'Dowell, a colored physician, from Scotland, who were sent to Liberia under the auspices of the Colonization Society, speak favorably of the climate, and of the possibility of lessening the mortality among the emigrants by medical skill. Dr. Skinner has no doubt that he has saved several lives by a decided use of the lancet. In one of his letters to the Board of Managers, he speaks of a good locality for a medical school. Five passengers of the *Argus*, on the voyage from the United States, died of the smallpox. In one of the doctor's letters, he says "it is a fact, that vastly more men than women are carried off by diseases of this climate, and more women than children—hence it arises that the colony has so large a number of orphan children. There are two women to one man." The principal physician's salary in 1834, was sixteen hundred dollars. Each settlement has an organized Board of Health, chosen by the people annually.

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*Anatomical Subjects.*—Notwithstanding the liberal provisions made by law in Massachusetts, for the promotion of anatomical studies, there has been considerable complaint in this region, the past winter, of a want of subjects for carrying on the regular and indeed necessary demonstrations of the schools. An unusual degree of health in that class from whence the anatomist has drawn his supplies, in times past—owing to the skill of practitioners, the operation of the temperance reformation, and some other wholesome moral revolutions—has abridged, very considerably, this means of studying practical anatomy. Still, the statutes of the Commonwealth, touching violations of the sepulchre, have, we believe, in no single instance been violated. Those scenes which in the olden time were practised, in order to acquire a rudimental knowledge of the human frame, and which so outraged public feelings we trust will never again be repeated. The grave is sacred, and wo to him who dares transgress the solemn declarations of the law.

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*Preparations for a Foot Race.*—Among other extra-professional advice in one of the New York papers, relative to the preparations which pedestrians should make with reference to contending for the prize of one thousand dollars, on the 24th of April, to be paid to the man who shall walk ten miles in an hour, it is said he should eat *stale bread*. There would be quite as much philosophy in recommending *putrid meat*. Verily, the world has become so learned in dietetics, that it has become necessary to observe as many rules in munching a baker's roll, as in measuring an arc of the meridian.

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*Woodstock, Vt. Clinical School.*—A gentleman recently from Vermont, informs us that the lecture term commenced on the 12th of last month, under very encouraging auspices. About forty-five students were matriculated, at an early period of the course ; but ere this, great accessions

have doubtless been made to the class. The professor of the anatomical chair not having arrived when our informant left, the demonstrations were conducted by Dr. Watts.

The spring course of lectures at the Castleton Medical Academy are now being delivered. It would oblige us if some person interested in the operations of that institution, would have the goodness to furnish the particulars.

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*Quarterly Meeting of the Boston Physicians.*—On Wednesday evening last, the meeting was held at Dr. Jeffries, Franklin Street. The value of these social interviews must be apparent to all who have participated in them.

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*Smallpox.*—This disease has entirely disappeared from Roxbury ; all the patients having recovered. Dr. Windship, who suffered severely, has returned to his own house, but will exhibit, most probably, to his dying day, the sad effects of the disease.

The smallpox is prevailing to an unusual extent in the city of Mobile. The authorities had found it necessary, at our latest advices, to prepare an asylum, in the suburbs, for the reception of patients.

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*A Medical Tea Party.*—Sir Henry Halford, President of the Royal College, gave a grand dinner and tea party on the 26th of January, preparatory to the periodical conversaziones at the College, which seems to have been excessively annoying to those who had no invitation. But that which contributed most to give eclat to this eating and drinking extraordinary in Curzon Street, where Sir Henry has an abiding place, was the fact that Arthur, the Duke of Wellington, and the Right Reverend Father, my lord, Archbishop of Canterbury—the worshipful Bishop of London, and the Lord High Chancellor of the Realm, were among the guests. Uproarious joy, when their names were announced, broke forth—and his grace, the duke, amidst deafening cheers, made a speech, so exceedingly complimentary to his host, that he thereupon attempted to express a deep sense of gratitude—but failing, it is said, for want of words, it ended in smoke—though the gourmands kept singing out most lustily—*hear, hear* ; but, lo ! there was nothing to hear.

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*Dental Neuralgia.—Extraction of the Tooth.—Replacement and Consolidation.*—M. Proch, seventeen years of age, being affected with violent toothache during eight days, requested the author to extract the tooth ; having already had experience of the efficacy of the means which he proposed to employ, M. Cabanes extracted the tooth, and finding the alveolar cavity sound, immediately replaced it. As the vasculo-nervous pedicle, which enters the root of the tooth, was destroyed, there was no more pain ; the alveolar cavity contracted round the tooth, and fixed it so firmly, that ten months afterwards it was as useful as any of the other teeth.

The editor of the journal says, he has two ladies at Paris amongst his patients, on whom M. Pernet performed the same operation. The teeth were as solidly fixed in the head, as if they had never been touched.

*London Lancet.*

## Record of Meteorological Observations for March, 1835.

1835	THERMOMETER.			BAROMETER.			Appearance of the Atmosphere	Wind	Rain	Memoranda, &c.
March	Min.	Max.	Mean	Min.	Max.	Mean				
Sun. 1	4.00	23.00	13.00	30.15	30.28	30.215	Cumuli	S		Ther. 8° 50 at 9h a.
Mon. 2	4.00	24.50	14.25	30.28	30.28	30.280	Cirrus	SW		
Tues. 3	12.50	21.00	14.25	30.24	30.28	30.260	Cir. cumulus	NW		
Wed. 4	5.50	25.00	16.75	30.30	30.55	30.425	Cumuli	"		
Thur. 5	9.00	33.00	21.00	30.45	30.55	30.500	Fair	SW		Snow and rain, a. 3m. NW, a. Snow, a. Th. 26° at 9h a. Snow, a storm SW, m.
Frid. 6	14.00	27.00	20.50	30.25	30.45	30.350	"	"		
Satur. 7	22.00	36.00	29.00	29.95	30.25	30.100	Cir. c. strat.	NE	.20	
Sun. 8	29.50	33.00	31.00	29.85	30.08	29.965	"	"	.10	
Mon. 9	29.00	30.00	29.50	30.10	30.15	30.125	"	"	.40	Rain, m. Nimbus, m. [at 9h a. Rain & SW, m. Th. 23° NE, a. [a. Gale Rain & snow, m. NW, NW, a. (m. Storm of snow and rain. [Thunder & lightning
Tues. 10	24.00	34.00	31.00	29.55	30.02	29.785	"	"		
Wed. 11	28.50	43.00	35.75	29.75	30.00	29.875	Cumuli	NW		
Thur. 12	26.00	47.50	36.75	30.05	30.09	30.070	"	SW		
Frid. 13	33.00	48.50	40.75	29.65	29.48	29.565	Cumulus	NW		Rain, m. Nimbus, m. [at 9h a. Rain & SW, m. Th. 23° NE, a. [a. Gale Rain & snow, m. NW, NW, a. (m. Storm of snow and rain. [Thunder & lightning
Satur. 14	31.00	46.00	38.50	29.80	29.88	29.840	Cumuli	"		
Sun. 15	34.00	50.50	42.25	29.74	29.80	29.770	"	SW	.05	
Mon. 16	38.00	53.50	45.75	29.45	29.64	29.545	Cir. c. strat.	"	.10	
Tues. 17	37.00	45.00	34.00	29.44	29.66	29.695	"	NW	.10	Rain, m. Nimbus, m. [at 9h a. Rain & SW, m. Th. 23° NE, a. [a. Gale Rain & snow, m. NW, NW, a. (m. Storm of snow and rain. [Thunder & lightning
Wed. 18	13.50	31.50	22.50	30.20	30.25	30.225	Cirri	"		
Thur. 19	25.00	39.00	32.00	29.12	29.65	29.385	Cir. c. strat.	NE	.55	
Frid. 20	30.00	45.00	37.50	29.85	30.00	29.970	Cumuli	SW		
Satur. 21	37.00	53.00	46.00	29.75	29.95	29.850	Cumulus	"		Rain, m. Nimbus, m. [at 9h a. Rain & SW, m. Th. 23° NE, a. [a. Gale Rain & snow, m. NW, NW, a. (m. Storm of snow and rain. [Thunder & lightning
Sun. 22	27.00	32.00	29.50	29.10	29.80	29.475	Cir. c. strat.	NE	.75	
Mon. 23	27.00	32.50	29.25	29.20	29.90	29.550	Cumuli	NW		
Tues. 24	21.00	36.00	29.50	30.05	30.15	30.100	"	"		
Wed. 25	20.00	33.00	26.50	30.42	30.60	30.510	Cirrus	"		Rain, Stratus, a. Stratus and S, m. O a. Ther. 32° at 9h a. NE, m. Snow and rain, Rain, a. [stormy
Thur. 26	25.00	47.00	36.00	30.35	30.60	30.475	Cir. c. strat.	S		
Frid. 27	36.00	48.00	42.00	29.75	30.35	30.050	"	SW	.25	
Satur. 28	36.50	51.00	45.25	29.68	29.75	29.765	Cumulus	"		
Sun. 29	35.00	39.50	33.50	29.80	29.83	29.815	Cir. c. strat.	NE		Rain, a. [stormy
Mon. 30	29.50	34.00	31.75	29.45	29.60	29.525	"	NW	.25	
Tues. 31	35.00	45.00	40.00	29.45	29.60	29.525	"	"	.05	
Aggreg.	24.98	38.32	31.362	29.83	30.06	29.9535	Cir. c. strat.	NW	2.80	

RESULT.—Mean temperature, 31.362. Maximum, 21st, wind SW, 55.00. Minimum, 1st and 2d, wind S and SW, 4.00. Greatest daily variation, 5th, wind SW, 24.00. Least daily variation, 9th, wind NE, 1.00. Range of thermometer for the month, 51.00. Increase of mean temperature from Feb. 8.182. Prevailing atmosphere, cirro-cumulo-stratus (cloudy). Prevailing wind, NW.—Mean atmospheric pressure, 29.9335. Maximum, 25th and 26th, wind NW and S, 30.60. Minimum, 22d, wind NE, 29.10. Greatest daily variation, 22d and 23d, wind NE and NW, 0.70. Least daily variation, 2d, wind NE, 0.00. Range of barometer, 1.50. Decrease of atmospheric pressure from February, 00.0643. Rain, &c. 2.80 inches.

Comparative with March, 1834.—Mean temperature, 36.346. Maximum, 65.00. Minimum, 19.00. Prevailing atmosphere, cirro-cumulo-stratus (cloudy).—Mean atmospheric pressure, 30.0709. Maximum, 30.60. Minimum, 29.50. Rain, 0.94 inches. Prevailing wind, SW.

Fort Independence, Boston, April 1, 1835.

B.

DIED.—In New Orleans, Dr. M. Hubbard, of Lexington, Ga. aged 30.—In Buxton, Me. Dr. Royal Brewster, 65.—In Sutton, Ms. Dr. Nathaniel F. Morse, 84.

Whole number of deaths in Boston for the week ending April 3, 24. Males, 13—Females, 11.  
Of lung fever, 3—hooping cough, 1—infantile, 2—inflammation of the lungs, 1—inflammation of the head, 1—intemperance, 3—decline, 2—scrofula, 1—consumption, 3—inflammation of the brain, 1—liver complaint, 1—dropsy on the brain, 1—accidental, 1.

## ADVERTISEMENTS.

## VACCINE VIRUS.

Physicians in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—involving one dollar. Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless some other mode of conveyance is directed. Ten charged quills, an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely packed in a letter. The gentleman who has undertaken to keep the virus, will faithfully

Boatsupply that which is positively genuine and recently taken.

on, March 4, 1834.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 134 Washington Street, corner of Franklin Street, to whom all communications must be addressed, post-paid. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy, gratis.—Postage the same as for a newspaper.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XII.]

WEDNESDAY, APRIL 15, 1835.

[NO. 10.]

## THE HOSPITALS OF PARIS.

[See page 106.]

### HOPITAL DES VENERIENS.

THIS hospital, otherwise called *Hopital du Midi*, or *Des Capucins*, because the house formerly belonged to the Capucin friars, was appropriated, under the reign of Louis XVI., to the treatment of venereal diseases. Before that period, nothing could exceed the state of the unfortunate wretches who labored under the effects of syphilis in this the most civilized and most advanced of European capitals. Previous to the year 1785, the syphilitic patients were received into the *Hotel Dieu*, *Salpetriere*, and *Bicetre*; in this latter hospital, twenty or twenty-five beds were distributed amongst 200 patients; one half of this number were compelled to sleep four in a bed, from eight in the evening to one at night; the other half from one o'clock to seven in the morning. The patients had often to wait six, nine, or even twelve months in the wards, before any treatment was administered, and, to crown all, while the court revelled in unbounded licentiousness, the unfortunate wretches, who merely followed the example of their king, could not be received into this pig-sty, according to the express enactments of the administration, without being *whipped* (*fustigés*) before and after their treatment.

At its origin, the Venereal Hospital was confined to the reception of new-born children laboring under syphilis; these were suckled by nurses affected with the same disease, to whom mercury was administered. After the year 1785, the patients from *Bicetre* were received, and since then the hospital has been gradually enlarged. In 1822, the number of beds amounted to 612, and about 3500 patients are now annually admitted. Within the last few months, however, a change has taken place, and the female patients are for the future to be treated in a distinct hospital.

Mercury, in its various preparations, forms the basis of treatment employed; but the form almost universally preferred, is Van Sweiten's liquor (a solution of corrosive sublimate); in many cases mercurial frictions are substituted. When secondary symptoms come on and are rebellious, the tisan of Feltz is employed by M. Cullerier with great success; this is composed in the following manner:—*Sarsaparilla*, 3ij; *Isinglass*, 3jss.; *Crude Antimony powdered*, 3viii.; *Water*, lb. xii. This is boiled down to one-half, and the patient takes two pints of the decoction during the day. The surgeons of this hospital are MM. Cullerier and Ricord.

## HOPITAL DES ENFANS TROUVES.

This establishment was founded for the reception of all children (up to the age of two years) who are abandoned by their parents. The infants who appear to be healthy are immediately sent off to the country, where they are nursed; the others are placed in the hospital. The latter contain 200 beds, or, more properly speaking, cradles; viz. 100 for the healthy children, 20 for those who are weaned, and 80 for the sick: besides these there are 120 beds occupied by the nurses.

When we reflect that there are nearly 3000 students in medicine, and more than 3000 students in law, in the vicinity of this hospital, and that more than the moiety of this number have mistresses, without any means, or even inclination, to support the fruit of what is called "love" in the quartier Latin, we can readily imagine that a foundling hospital does not want for candidates; in fact, the number received yearly is 5000, and in 1828 reached as high as 5600. The mortality amongst the infants at the *Enfants Trouvés* is excessive, and the diseases which are most fatal are, hardening of the cellular tissue (*sclerema*, skin-bound), and *muguet*. A statistical view of four years, from 1808 to 1811 inclusive, gives the following particulars:—

18,500 children were received into the establishment; and of these 2248 were sent to the hospital, viz.:

705 whose lives were in extreme danger, from feebleness, &c.; dead 631, cured 74.

645 affected with induration of the cellular tissue; dead 567, cured 78.

116 affected with aphthæ, &c.; dead 92, cured 24.

433 cases of ophthalmia, itch, pustules, &c.; dead 119, cured 153; 161 transferred to the venereal hospital.

205 cases of icterus and diarrhœa; dead 154, cured 51.

47 cases of convulsions; dead 34, cured 13.

46 cases of tumors of various natures; dead 32, cured 14.

11 cases of fracture; dead 5, cured 6.

22 cases of deformity; dead 18, sent to the country 4.

19 cases of hydrocephalus or spina bifida; dead 18, sent to the country 1.

Thus of 2248 patients, we have 1669 deaths, and 418 cures, or a proportion of the former to the latter as four to one. Besides, this enormous mortality takes place in a very short space of time; for during the four years of which we have spoken, the average sojourn of each patient in the hospital was only nine days and a half.

The physicians are MM. Baron and P. Dubois; the surgeons are MM. Thevenot and Auvity.

## MAISON D'ACCOUCHEMENTS.\*

Before the accession of Buonaparte to the throne of the empire, pregnant women were received into the *Hotel Dieu*, where they were crowded, for want of sufficient space, three or even four in the same bed. The consequence was, a mortality of one in every thirteen women delivered. To remedy this evil a separate establishment was erected for the recep-

\* Otherwise called *Ecoles de la Maternité*.

tion of women who have reached the eighth month of pregnancy, or who are in imminent danger of being put to bed at any period. No stranger is admitted into the wards where they lie, and they are not even compelled to give in their names or places of abode. The number of beds in the Maternité is 433, viz. 150 for the women who attend at the moment of labor; 200 for those already delivered; 25 for the children; 8 for the nurses; and 150 for the sages-femmes, the only pupils who are here admitted.

The average length of time during which the women remain in the hospital after delivery is about eight days. During 10 years, from 1804 to 1813 inclusive, the number of patients received was 19,000, and the mortality 1 to 22 deliveries. The number of twin cases was about 19 per annum; and in the 19,000 births, only two cases of triplets occurred. Since 1813, the number of receptions has considerably increased; thus, in 1822, the number amounted to 2800; and, in 1828, to 3400. Of 2700 women delivered in 1814, 2400 declared themselves not married, and nearly all abandoned their children.

#### CLINIQUES DE LA FACULTE.

This is a small hospital, which has been erected this year, immediately opposite the School of Medicine. It contains about 120 beds, and is exclusively destined for clinical instruction. The physicians are, MM. Rostan and Dubois, professors of medical pathology and midwifery to the school; and M. J. Cloquet, one of the professors of clinical surgery. It also serves for the examination of the students of the fourth year, who are brought to the bed-side of the patient, and there undergo a truly practical *épreuve*, being compelled to form a diagnosis, and to answer all questions that may be addressed to them on the state of the patient. As the hospital, as yet, contains only some ten or a dozen of patients, we shall abstain from any further particulars, until a period of full activity arrives.

#### HOSPICE DE LA SALPETRIERE.

This immense establishment, which was founded by Louis XIV. for the reception of the beggars, is now a house of refuge for indigent females above 70 years of age, and also an hospital for those affected with mental alienation, and cancerous diseases accounted incurable in the other hospitals. It contains no less than 5000 beds for the poor superannuated females, and 400 for the sick. These latter are confided to the care of MM. Piorry and Cruveilhier. M. Cruveilhier has 148 beds. The diseases most frequently seen in his wards are, chronic catarrh, diseases of the heart, and paralysis. He is present at every autopsy which is made, and it is in this hospital that he finds the elements of his splendid productions in pathological anatomy. M. Cruveilhier has also the care of the incurable cancerous patients, amounting to about 200. M. Piorry has a service analogous to that of the preceding physician; and used to attract a number of followers by his remarks on auscultation and percussion. The epileptic patients, to the number of 400, are under the care of M. Petit. The remedies which he employs most constantly are baths and douches, general and local bleeding, valerian, and antispasmodics.

Thirty-six surgical beds were under the care of M. Lallement, who has died within the last few weeks.

The deranged patients are committed to MM. Pariset and Mitivie, and the fools to M. Falret. The number amounts to about 1.060, and the average of receptions to 500 per annum, of whom 200 die, and 300 are cured,—a very high proportion of the latter, if we reflect on their vast age, and that many have only recourse to the hospital as a last resource, when they have been pronounced incurable elsewhere.

The prevailing feature of the treatment in this portion of the hospital is extreme gentleness ; and violent measures are never had recourse to under any circumstances. Isolation and moral impressions are the main remedies trusted : these are seconded by baths, mild purgatives, and means proper to recal the evacuations, which in many of these cases are suppressed.

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#### BICETRE.

This hospital, analogous to *Salpetriere*, is destined for indigent or deranged old men. The number of beds amounts to 3000. The physicians of this establishment are, MM. Ferrus, Rochaux, and Prus ; the surgeon is M. Murat. The diseases and affections most common are, paralysis, chronic bronchitis, rheumatism, cataract, and contused wounds. This latter circumstance is only to be accounted for by the existence of a canteen in the hospital, at which the old gentlemen daily get drunk. Notwithstanding the most pressing efforts of the medical men for its suppression, the administration has not yet assented, merely because the sale of the brandy brings in 18,000 francs per annum.

There is a division of incurable cancerous patients, amounting to 76. The general mortality is 1 in 6.86, or, amongst the indigent, 1 in 7 : deranged patients, 1 in 6 ; epileptic, 1 in 11 ; and cancerous, 1 in 7.

Those affected with mental alienation are under the care of MM. Ferrus and Lelut, the former of whom gives most interesting lectures on his special subject. By their activity, all the improvements projected by Pinel have been executed, and *Bicetre* has now become a model of establishments for the alienated. The treatment resembles that pursued at *Salpetriere* ; but *Bicetre* possesses the advantage of having attached to it a farm, upon which 60 of the deranged patients daily work.

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#### CONGESTIVE CEPHALALGIA.

BY A. T. THOMSON, M.D. OF THE NORTH LONDON HOSPITAL.

A CASE of considerable interest and instruction is that of Ellen Langridge, who was admitted on the 21st of November. The account which she gave of herself was the following. On the Sunday prior to her admission, she was attacked with a violent pain of the head, and throbbing at the temples. Leeches were applied without any relief being afforded. She can assign no cause for the attack. Her bowels are habitually constive. The pulse, on her admission, was 100, and oppressed. The pupils were dilated, and impatient of light ; the tongue was slightly fur-



red ; and she stated that the catamenia was regular. She has suffered, at intervals, from palpitation, and pain at the chest.

These symptoms were sufficient to lead me to regard the case as one of *congestive cephalalgia*, a disease which often affects the delicate and irritable ; and thence, as in the case before us, it appears more frequently in women than in men. Its exciting causes are, emotions of the mind, irregularities in diet, or in the condition of the bowels. Now these are more likely to produce in such individuals an increased impetus of blood to the head than in the more phlegmatic ; and as the quantity of blood in the arteries is augmented, and that in the veins necessarily diminished, under such circumstances, owing to the nature of the cerebral circulation, congestion must necessarily take place. This causes heat and excitement ; and, from the disturbance of the brain, the headache which ensues is often accompanied by flashes of light, floating phantasms before the eyes, and, occasionally, with singing and other noises in the ear. The feet also become cold, and the circulation, from being quick at first, is afterwards languid and oppressed. When these symptoms are not relieved, a morbid condition of the brain ensues, and the disease assumes a new character, and is more difficult to remove. The treatment of such cases consists in fulfilling two distinct indications :—

1st. To relieve the cerebral congestions.

2ndly. To subdue, by augmenting tone, the susceptibility of nervous impression, so as to prevent its recurrence.

In endeavoring to fulfil the first of these indications in this case, the patient was cupped behind the ears ; and the bowels were freely opened with a pill, containing gr. viij. of calomel, followed by a strong cathartic. This is a large dose of calomel ; but I have already pointed out to you the great influence of such doses in allaying irritability of the stomach ; and in affording that stimulus to the common orifice of the biliary and pancreatic ducts in the duodenum, which is required for emptying those organs when they are overloaded. Much-bile and pancreatic juice are poured into the gut, and placed in a situation to be swept away by the subsequent purgative.

On the 26th our poor patient had derived little benefit by the treatment adopted ; the head was, therefore, ordered to be shaved, and an evaporating lotion applied over it. Cold, in such cases, does not operate in so limited a manner as is usually supposed ; it acts upon the rest of the body, by nervous sympathy, abating general excitement ; and, probably, more is to be attributed to this than to any abstraction of caloric which the evaporating fluid can carry off. I fear, gentlemen, that this case may prove to be one of those which often resist every means of management ; and seem, at length, rather to wear themselves out than to be cured.

I have seen tonics salutary in such cases ; but in the present instance, the excitement is too great to permit their employment. You should, however, be aware that excitement is not always a legitimate reason for not ordering tonics ; and nothing is of more practical importance than the fact that tone and excitement are two very opposite conditions of the system.—*Lancet*.

## CASE OF PERFORATION OF THE INTESTINES.

BY T. G. HAKE, M.D. PHYSICIAN TO THE BRIGHTON DISPENSARY.

A GIRL, named Ellen R., of the age of twelve, delicate in frame, but in the enjoyment of excellent health, until within six months before the invasion of her fatal illness, with the exception of an occasional attack of sore throat, became, in November last, a patient of the Brighton Dispensary. During the previous half-year, she had experienced, to use her own words, a "jumping sensation" in the lower part of the bowels; she was also listless and drowsy, and, without holding to some fixture, was unable to stand erect. The whole of a numerous family to which she belonged had lived for a period of four months almost exclusively on pork. At that time many pigs had died in the vicinity of our town; many, too, which would otherwise have soon perished of disease, were killed, "for the purpose (to repeat the vulgar expression) of saving their lives."

Since that time several of the younger branches of the family have been visited by various congestions of the brain, bowels, lungs, larynx, &c., but all save one have recovered; and on the history of her disease it is that we have now entered.

After having partaken one day of her usual meal, she vomited with great violence, but before this she had complained of pain in the situation of the lumbar vertebræ. Pain in the left side succeeded, which was augmented by pressure and the act of respiration. There was difficulty in breathing; the dull sound, crepitous rale, pyrexia, &c., were present, together with vomiting of a frothy liquid.

The above symptoms not having yielded to the usual remedial measures in less than three weeks, were, at the expiration of that time, followed by *pain in the left iliac region, sudden, violent, and increased by pressure.* The pain rapidly spread itself, and was accompanied by tenderness over the whole abdomen, which for some days remained soft, but finally became hard and tense. There was occasional borborygmus; and the bowels were constipated while they remained soft; when they became hard, there was no difficulty in acting on them by means of purgative medicines. *The countenance was changed; there was vomiting of a frothy fluid.*

The disease thus invaded the system. The tongue at this period became, and continued, of a natural color; there was loss of appetite and thirst; and the stools were of a dark-brown appearance, and fetid odor.

The rhythm of the heart was perfect; the pulse large, strong, frequent, equal. The veins were well developed; the blood drawn from them was dark, buffy, cupped.

Except one night, after taking a large dose of calomel and opium, the perspiration was abolished. The urine was in diminished quantity, and of a high color. There was general atrophy.

*The pain in the abdomen, at one time, was nearly subdued, but the countenance remained contracted without intermission.* There was pain of the head and eyes, less severe, however, than during the attack of pneumonia. Deafness manifested itself during three or four days, and

disappeared, the symptoms being then at their height. The sense of smell was perverted, suffering from an unpleasant state of excitement, until it ultimately was lost. The intelligence of the brain was diminished, its imagination deranged, except at such times as the sufferer might be addressed in a sharp tone. The intellectual functions were delirious, especially during slumber.

The patient complained of pain and cramp in the hip ; the thighs were raised on the pelvis ; there was snatching of the bed-clothes. *There had been occasional shivering, from the invasion to the termination of the malady.*

On the evening of the second day previous to dissolution, *there was vomiting of a seroso-purulent fluid, mixed with intestinal matter* ; this continued at intervals to be thrown up in large quantities, during the whole night. On the next day this last symptom was unabated, but on the following morning had ceased, a few hours after which the child breathed her last. From the time that the stercoraceous vomiting commenced, no stools were produced by the natural channel.

A considerable quantity of calomel had been administered during the progress of the disease ; but while the constitution of the child resisted mercurialization, the mother, who constantly slept with and nursed her, was severely salivated ; and the gums of a second attendant were affected as if by infection.

*Autopsy.*—The body was examined by Dr. Hake and Mr. Rugg. The result of the investigation was such as might have been expected from the prominent symptoms. An abscess had formed in the cavity of the pelvis, extending into the inguinal and iliac regions. A false membrane, of a dense, tough, nature, formed the walls of this abscess ; it was adherent to the intestines, and separable only at the right iliac region. On its internal free surface this membrane possessed the character of mucous tissue. Adhering strongly to, and, indeed, lost in the peritoneum itself, towards the abdominal parietes, the bladder, uterus, sigmoid flexure, iliac vessels, &c., this false membrane was easily separated from the peritoneum and the ileum, with the interior of whose canal it communicated by means of a neat, regular opening, which one might have supposed to have been the work of the scalpel instead of the ulcerative process, a true characteristic of the disease. The contents of the cavity were seroso-purulent, mixed with intestinal matter. This fluid was also abundantly discovered in the intestines and stomach.

In various parts of the jejunum and ileum there was atrophy of the mucous and muscular coats, to such an extent as to leave only a thin transparent membrane, which had contracted on itself, leaving the canal of no greater calibre than double the capacity of a goose-quill. Atrophy, indeed, may be said to have here gone on increasing until absorption was complete, leaving only the elastic cellular coat of the canal. Inflammation was seen in occasional patches on other parts of the intestines, but no other vestige of it was left on the peritoneum than in the false membrane described above.

In the mesentery there was a small cyst of a dense structure, and containing concrete pus.—*Ibid.*

## RETENTION OF THE PLACENTA TWENTY-SEVEN DAYS AFTER THE EXPULSION OF THE FŒTUS.

BY JOHN P. HARRISON, M.D. OF LOUISVILLE, KENTUCKY.

IN the afternoon of January 3d, 1833, I was requested to visit a poor white woman, named Baker. I found her in bed, and an old colored midwife with her, who stated that about three hours before my visit, Mrs. Baker, having had pretty cutting labor pains, though it was several months before her proper time, got up to go to the vessel to evacuate her bowels, and whilst there, the fœtus suddenly escaped from her into the chamber pot. The umbilical cord was ruptured, and the placenta retained. There was little or no hæmorrhage, either at the time of the expulsion of the fœtus, or subsequently. Upon examination, I found that there was no hæmorrhage, and no labor pains, but that the placenta was still in the uterine cavity.

This, apparently, was a fair and unexceptionable case in which to try the parturient efficacy of the ergot of rye; and most faithfully and extensively was it tried—it being given first in fifteen grain doses, every half hour, until near half an ounce was administered. Producing sickness of the stomach, it was laid aside, without any contractile effort being produced by it in the uterus.

This is the second case of retained placenta, in which it has failed in my hands of inducing expulsive movements in the uterine fibres. The other case was a lady who aborted at the fifth month of utero-gestation, and whose placenta was retained without hæmorrhage. Having failed with the ergot, given to a large amount, the placenta was taken away by the hand.

In Mrs. Baker's case, both the medicinal and manual resources failed. After waiting till ten o'clock at night, the hand was introduced—the patient being placed on her back, with the knees drawn up, and the thighs flexed on the body. But after the most careful and persevering effort on my part, for half an hour, to bring away the placenta, I had to desist, for the poor woman seemed exhausted. She had been in a delicate state of health, previous to this abortion, and had aborted several times before; and, in one of these instances, a similar difficulty occurred. Next morning, a consultation was held on her case, and efforts again made to bring away the placenta, but they proved unsuccessful.

The placenta was attached to the upper part of the fundus of the uterus, and there existed a strong contraction of the body and neck of the organ, which prevented a seizure of the after-birth by the hand. No hæmorrhage nor after-pains existed even at this period.

As the case appeared one in which the nimia diligentia might endanger life more than a partial surrender of the case into the hands of nature, we determined to sustain her general strength by mild tonics and appropriate nutriment, to employ injections into the vagina, of bark, myrrh, and charcoal, to abate the fœtor of the discharges, and watch the emergent phenomena. The patient gradually increased in strength, and after going about her house for about a week, after getting out of bed, on the twenty-seventh day posterior to the abortion, the placenta came away suddenly,

with little or no pain. There had been a slight discharge from the vagina, subsequent to the 3d, which was not, however, very offensive. The placenta was small, and gave very little evidence of putrefaction.

*American Journal of the Medical Sciences.*

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#### TEMPORARY LODGEMENT OF FOREIGN SUBSTANCES IN RESPIRATORY TUBES.

BY N. R. HEATH, SURGEON, WICKLOW (IRELAND) INFIRMARY.

**CASE I.—Removal of a Foreign Substance from the Larynx.**—Patrick Doyle, ætat. 56 years, residing in the Glen of Imaal, in the county of Wicklow, in January, 1834, while eating pork and speaking at the same time, had a bit of the meat stick in his throat. I did not see him until after the lapse of twenty-four hours. He was then in a state of very great suffering, and nearly exhausted; his breathing was intensely laborious, with stridulous noise, inability to swallow, and countenance expressive of most intolerable anxiety. Before I saw him, a probang had been used, which rather increased his sufferings. On a careful examination, it appeared to me that the bit was in the larynx. I, therefore, proceeded to make an opening into the cricothyroid space; and having introduced the point of a small silver catheter, with a little management succeeded in pushing the morsel into his mouth: immediate relief was the consequence. I advised him to remain very quiet for a few days; and as it happened to be at night, he did stay quiet until morning, when, finding no inconvenience, he would submit no longer to confinement. Four or five days after, he showed me the cut, quite healed, having walked upwards of ten miles on that day.

Now this case is a very simple one, and it would be nothing if a surgeon had any assistance; but where he is called on to act among a parcel of wild mountaineers (who only judge of a surgeon's proceedings by his success), and by candle light, in a poor cabin, *c'est une autre affaire*. The next case, however, is more interesting.

**CASE II.—Ejection of a Plum-stone from the Right Bronchus.**—Wilson, æt. 11 years, the son of a butcher in Kingstown, near Dublin, having a plum-stone which had a hole drilled through the middle of it to make what children call a birdcall, fixed between his teeth, while drawing in his breath, through the hole, drew the stone into the trachea. This occurred at Castledermot on the 15th of September, 1834, eight miles from my residence. I saw him on the 17th. A probang had been used, and he had been bled and had vomited. I found him in a state of the utmost suffering, his lips blue, his eyes protruding, and the thorax laboring. In fact, he was struggling in the most violent state of excitement. Yet he could swallow without great difficulty, and there was no emphysema. Having laid him on a table, with a pillow under his neck, I proceeded to open the trachea, making my incision midway between the cricoid cartilage and top of the sternum; this operation on a child in such a state of excitement is by no means so easy as some who never performed it may imagine. The network of veins, the little arteries

crossing, the dense fascia which connects the sterno-hyoid muscle, which cannot be divided by the nail, and requires the knife, at least in the living subject ; then those muscles becoming roused, and rising up during the choking efforts of the child, showing a deep bloody cavity ; then the same description of fascia between the sterno-thyroid ; then the larynx quite small, and moveable and soft ; and, lastly, the difficulty of entirely stopping hemorrhage before we open the trachea, make the proceeding rather a delicate one. Having divided five rings of the trachea I waited a few minutes, and then introduced a small silver catheter down the tube, and felt the foreign body lying at the bifurcation of the trachea, hoping to detach it, that it might be brought up by coughing ; but it slipped towards the right bronchus and there remained. At this moment the child experienced great relief, and I thought it prudent to discontinue further pursuit. At that juncture, too, the peculiar chirping sound of the birdcall was perfectly audible, caused by the air rushing through the little foramen in the plum-stone, in its passage to and from the right lung. I did not leave any tube in the opening. I think that to do so is, in general, a bad plan. It is not only useless, but highly injurious.

The patient was now sent to his bed. He complained of a pain in the right side corresponding with the situation of the foreign body. Fever now set in, and he suffered occasionally severe attacks of dyspnœa. However, the inflammatory symptoms were kept down, but the chirping sound continued until the 24th, precisely a week subsequent to the operation, when, during a fit of coughing, he felt something at the wound in his neck, and putting up his hand, received the birdcall into it. The peculiar musical sound was discontinued and never returned. A profuse muco-purulent discharge and cough now harassed him for about a fortnight, succeeded by sweating ; in fact, he became hectic, and I feared would sink. However, he rallied and was able to return to Kingstown, a journey of forty miles, at about the end of October. I have since heard that his health is tolerably good, and that the wound in the trachea, which was not larger than the hole in the plum-stone when he left this, and which I found very difficult to heal, is quite closed.

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#### POISONING FROM OXALIC ACID.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—The following case is presented to the profession to show the obstinacy of the stomach to receive impressions from medicines when acted on by other powerful agents, and it may guide others not to be sparing of their remedial means when life is held, at best, only by a too uncertain tenure.

During the summer of 1831, my colleague and myself were called in haste to see Mrs. H., who swallowed about 1-4 of an ounce of Oxalic Acid in solution, in mistake for cream of tartar dissolved in water, which was accustomed to be kept in a decanter for an acid drink. As the servant woman found no vessel convenient except an empty decanter standing beside the one containing the cream of tartar, she carelessly placed between two and three ounces of oxalic acid in a pint of water in the

vacant vessel, and left it on the sideboard as a convenient place, when she was obliged to clean the brass in the room.

When I saw the patient, which was about ten or fifteen minutes after she had taken the poison, she was violently agitated with fear, and complained of a gnawing pain in the region of the stomach. I soon administered a large dose of pulv. ipecac.—say 100 grains—for I thought I had once before seen a case of poisoning prove fatal from giving emetics in ineffectual doses. I followed this by large draughts of chamomile tea, and titillation in the throat, but all without effect. After fifteen minutes I gave in lukewarm water about the same quantity of ipecac., followed by large draughts of tepid water. An interval of fifteen minutes followed the dose of ipecac. when I gave about a drachm or more (as I imagine) of sulph. of zinc. The intervals between these powerful doses were employed in mechanical means to excite vomiting, or giving draughts of tepid chamomile tea. It was not a little surprising to see the large volume of liquids poured into the stomach in the short space of thirty minutes, for the lady was constantly swallowing tepid water or tepid chamomile tea. The sulph. of zinc began to take effect in a few minutes, and the vomiting continued about an hour without great violence. Prostration of the muscular powers ensued, and some gastric irritation. Mucilaginous cooling drinks, combined with soda, were prescribed by my partner, Dr. R. Hathaway (now chief surgeon and physician to the Seamen's Retreat Hospital, Staten Island), and this seemed best fitted for the state of the patient and her demand for drink. After a few hours diarrhœa supervened, which was checked by Dr. H. with the judicious use of opiates, and the patient recovered after two or three days, with the exception of a slight gastric irritation.

In this case it may be well to notice that emetics usually, in very moderate doses, were sufficient to excite the action of the stomach; 2ndly, that a stomach-pump would have been applied if it had been at hand; 3rdly, that when the stomach was distended with fluid, vomiting was partly induced or elicited by abdominal pressure; and, lastly, the presence of the fluid prevented the action of the acid in the powerful state in which it was swallowed.

Yours, &c.

R. TOLEFREE, JR.

*New York, April 3, 1835.*

## BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 15, 1835.

### MEDICAL LEGISLATION.

FOR the purpose of showing the profession of this Commonwealth how their representatives manage their interests in the hall of legislation, the following report of a debate which took place a few weeks since, has been principally extracted from the Centinel—to whose editor we are indebted for preserving this specimen of four-pence-halfpenny economy on the one hand, and true generosity and enlarged views upon the value of medical education on the other. A debate arose upon the resolve, which

was subsequently rejected, to grant the Berkshire Medical Institution five thousands dollars.

Mr. THAYER, of Braintree.—Mr. Speaker, I am in favor of the passage of this resolve ; I am sorry, sir, to see any opposition to the appropriation of so small a sum as \$5000, for so important and so useful an Institution. Sir, I am always in favor of appropriations (with judgment) for literary purposes ; and now, sir, we are requested to give the small sum of \$5000 to “a young and feeble institution,” one which, if we have confidence in the committee and the community, has but a poor library, a miserable apparatus, and is much in debt, and if no charitable hand is held forth to give her some relief, she will decline and die, and the public will then see their error when too late. But, sir, I will not despair ; she may still be sustained—for, sir, where is there an institution of equal or more importance, the one in this city excepted ? Where can there be one better located ? No where, sir, in this State. I would merely ask gentlemen who are opposed to this grant, who they would look to for assistance and relief, when laid on a bed of sickness, tortured with pain, either from disease, or from a broken limb ? Would they not send for the best and most skilful physician or surgeon ? or would they send for some ignorant quack, whose medicine would be poison, whose advice (were they to follow it) would terminate their existence ? Sir, we are told that if we appropriate money to sustain or assist this institution, we are doing it for the benefit of the neighboring States, who send their young men to this institution for an education, and then return to their own. Not so, sir (excuse me, Mr. Speaker, for the allusion), but have we not instances of gentlemen coming from other States, residing here, and elected to the highest and most honorable situations ; and sir, do we receive no benefit from instances of this kind ? I think we do, sir, and we have had sufficient proof of the fact during the present session. Sir, who are to be benefited by this institution ? Are not the poor but honest and talented sons of our farmers and mechanics in the western part of this State, whose means will not permit them to come to this expensive city, and attend the lectures here ? Much has been said, sir, in regard to the horrid practice of dissection ; but is it not indispensably necessary that a physician or a surgeon should perfectly understand the formation, in every part, of the human body, before he can apply a remedy which is necessary ? And can he be thus qualified without an actual inspection of the whole frame ?—Sir, as it respects myself, and could it be done without the knowledge of my friends, I can safely say that I would willingly give my body for dissection, if it would be the means of saving the life of one individual. What matter is it to me, sir, where my bones, after death, are laid, or what becomes of my body, after my spirit has taken its departure ? Are we not in duty bound, sir—are we not commanded to do all we can to promote the happiness and life of our fellow beings ? It is in my opinion a mistaken, foolish, and superstitious idea in regard to dissection ; it has always been brought forward and made an argument, merely to influence the passions rather than the good understanding of the House.

What good does the surplus money do which remains in our treasury ? I wish, sir, that every dollar beyond the necessary expenses of our government was appropriated for the benefit of learning and literature. Distribute it, sir, to institutions of this kind, and to our primary schools, and then you will give your children a fortune which no mercenary speculator or ignorant quack can deprive them of.



Mr. BILLINGS, of Conway.—Mr. Speaker, it was my intention not to make any observations upon this subject at this time, having expressed my views the last year ; and from the decision of the House at that time, I did not think it would have been necessary—and although the subject is now again before the House, I should now have let it pass without saying a single word, were it not to reply to the gentleman from Brintree ; and, sir, although I have generally gone with that gentleman, I cannot now think as he does ; and I think it my duty to say a few words in opposition to making this grant.

Mr. Speaker, the gentleman says that the excitement is all done away ; that he hears of no difficulty now, since the law of '32 was passed. Sir, he is mistaken ; there is about as much excitement now in my neighborhood as there ever has been ; and, sir, it is but a little while since, that a person was buried, and the friends of the deceased were obliged to watch the grave until the corpse was in such a situation that it would not answer for dissection.—Sir, the gentleman from Brimfield tells us that there is about one hundred students that attend those lectures every course ; and, sir, if they get but 40 dollars (as the gentleman says) for each student, that sum will amount to \$4000 per year, which, I should think, would be amply sufficient to pay all the salaries of the professors, and for all other necessary expenses, and also to pay all their debts in a few years, and buy them a library and an apparatus ; and I think, sir, under these circumstances, that the institution would stand on its own foundation, and flourish well. Farther, sir, look at our expenses ; look at the vast expense of this session, which, perhaps, may sit till May, as we now go on. Besides, sir, we are to have an extra session, which probably will sit 8 or 10 weeks ; and in addition to all this, sir, a large committee is to sit during the recess to revise the Statutes, the expense of which we cannot now tell ; and further, sir, we have made several appropriations, and many more are called for. Twenty-five thousand dollars, we are told, is to be appropriated to the Lunatic Hospital. Sir, what are we coming to ? Why, our treasury will be drained of the last cent, and the State become bankrupt, if we go on in this way. Sir, I am entirely opposed to passing this resolve ; it is not helping the poor young men of this State, as that gentleman says—but I will say no more, sir.

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#### LYING-IN HOSPITALS.

AMONG all the benevolent efforts in this country for the amelioration of the poor, it is a subject of surprise that no more attention has been elicited towards the importance of establishing Lying-in Hospitals. In all the large cities of Europe, with a few exceptions, they are of long standing, and have been very generally acknowledged by philanthropists to be of the highest value. Those of Paris, are supposed by some to offer, to the thoughtless and abandoned, improper inducements for throwing upon the public the burden of maintaining a multitude of helpless infants. Such is the constitution of society, however, in the United States, based upon a sense of religious accountability, that such an objection cannot here be urged against them. To the virtuous poor, such institutions are of incalculable benefit ; because a generous provision is there made for meeting those innumerable exigencies to which they are exposed.

This broad field for the exercise of philanthropic enterprise still remains unoccupied in the midst of nearly all the Atlantic cities, where there is a

dense population of those honest, but unfortunate families, whose ceaseless labor scarcely procures the means of a scanty subsistence. In their behalf would we petition, and express a hope that some of those princely fortunes a kind Providence has entrusted to the care of thousands in this best of all lands, may yet yield something for the endowment of this interesting species of charity. Physicians might effect much in exciting the attention of communities to a just view of a subject so vastly important ; indeed, it devolves upon them to urge, in this respect, the positive claims of the needy.

Boston possesses one lying-in hospital, eligibly located, which promises to fulfil the exact intentions of its kindly disposed patrons. Whenever we are possessed of the history of its origin, together with its internal policy and regulations, our readers will be made acquainted with them.

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#### THOMPSONIAN NATIONAL INFIRMARY.

We have been kindly furnished, by a respected correspondent in Maryland, with an account of the doings of the House of Delegates in that State, in regard to a petition, from the above-named institution, for an act of incorporation. The remarks of Dr. Williams, of Worcester Co., in opposition to the bill, are characterized by a just representation of the benefits resulting from a scientific system of medicine, and a fearless display of the monstrous inconsistencies and absurdities of a mode of practice founded alone on rash and reckless experiment. We are able this week to give only the Report of the Committee on Corporations, which was finally confirmed in the House by a large vote, and the bill of incorporation rejected. It reflects great credit on the committee who reported, and the House of Delegates which thus wisely acted upon it.

“The committee on corporations, to which was referred the bill, entitled, an act to incorporate the President and Managers of the Thompsonian National Infirmary, have had the same under consideration, and beg leave to report, that they view the science of medicine, when established upon the basis of practical and philosophical research, as one of the most important developments of the resources of nature and art, to the wants and sufferings of man. That they view the principles and practice of the Thompsonian system, as one of that species of quackery and empiricism, which would be extremely dangerous to the community at large, and particularly to the poor, the blinded and ignorant class of the people, if it should be placed upon an incorporated footing in the State. The committee feel, that in recommending any such measure, they would at once be placing at the disposal of every man and set of men, who thought fit to apply for an act of incorporation, for the purpose of enabling them the better to barter and vend their own particular nostrums, the lives of a vast portion of their poor fellow citizens, a class of people who stand more in need of the intelligence and protection of their representatives than any other portion of our constituents. Under these considerations the committee beg leave to report unfavorably thereon.

PHILIP B. KEY, *Chairman.*”

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*A New Instrument.*—Through the pages of a distant exchange journal reference is made to a new tooth extractor, by a Boston dentist. It is certainly almost miraculous that the information has reached us. **An**

corroborative testimony respecting such an instrument, will be very neighborly—and we will exultingly narrate the whole story for the benefit of whom it may concern.

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**Bleeding Bands.**—Dr. Brewer, of the house of Brewer & Brothers, druggists, of this city, has shown us a beautiful article for cording the arm ; it is simply an India rubber hoop, cut from a cylindrical tube, that may be packed in the bottom of a lancet case. The invention is of real utility, and not likely to go out of fashion.

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**A Pill Machine.**—One man, with a simple machine, now in use in an establishment in Boston, where pills are made “*as good as the hygeian,*” makes a groce of them, perfectly round and smooth, quicker than the most infatuated hypochondriac could swallow a dozen of the true octagonals from the British College of Health.

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**Value of Hops in Diseases of the Skin.**—One of the best external applications for many eruptive diseases of the skin, is a strong decoction of hops, in which the limbs or other affected parts are to be bathed, several times a day. The decoction should not be used till it has become perfectly cold. In bad ulcers of the leg, the most satisfactory results have been repeatedly realized from this simple preparation.

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**Amputation of the Neck of the Uterus.**—M. Lisfranc, in a memoir recently read before the Academy of Sciences of Paris, and published in the *Gazette Médicale*, for 21st of June, 1834, states that he has amputated the neck of the uterus affected with cancer in ninety-nine cases, eighty-four of which were cured, and fifteen died ; among the latter he includes the cases of relapse. He further states, that all his unsuccessful cases were in women in whom the disease was far advanced.

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**Water as a Therapeutic Means.**—M. Trousseau’s theory of cold water in external affections is simple enough ; it prevents the development of vital properties, by refrigeration, and, by cleaning the wound, prevents the danger of purulent absorption. In support of its efficacy, he cites several cases in which cold water was employed by him with success. In two cases, where the fingers and toes were lacerated by machinery, the assiduous employment of cold aspersions effected union of the injured parts with little or no suppuration.—*Lancet*.

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**Pulmonary Consumption.**—It has been calculated by Dr. Young, that one in four of the inhabitants of this country perish by consumption ; one in three, perhaps, contains tubercles at death ; and as the population of England and Wales amounts to about 13,000,000, and the annual number of deaths to about 290,000, the deaths from consumption must be 72,500 ; or, on an average, 33 individuals die in England and Wales every hour, and of these eight have ulcerated cavities or tubercles in the lungs. Again ; phthisis is a chronic disease ; and, from data collected by Bayle and Louis, its average duration has been calculated, by Dr.

Clark, to be two years. There must, consequently, exist among us a phthisical population of 145,000 souls, constantly suffering from one or other of its symptoms, some with the first hectic flush on the cheek, others lying in the last stage of emaciation, and all requiring the aid of the medical profession. If, in addition to this, we call to mind the severe cases of scrofula, lumbar abscess, spinal disease, white swelling, and kindred affections, where tuberculous matter is formed, the general pathology and treatment of which are regulated by the same principles, we shall perceive the importance of directing our especial attention to this class of disorders, and shall come to the conclusion, notwithstanding the prominent place phthisis occupies in medical literature, it scarcely receives, at present, its due share of investigation and study.—*Ibid.*

**DIED**—At Sutton, Mass. Dr. Nathaniel Morse, 67.—At Washington, Dr. Richard H. Bradford.—In England, belonging to the military service—the following gentlemen of the medical staff—viz. Drs. Bombay, Roche, Guignard, Barker, and Denny.

Whole number of deaths in Boston for the week ending April 11, 23. Males, 15—Females, 8.

Of quincy, 1—drowned, 1—accidental, 3—croup, 1—infantile, 2—consumption, 3—lung fever, 1— inflammation on the lungs, 1—scarlet fever, 2—fits, 3—dropsy on the brain, 1—Inflammation on the brain, 1—child-bed, 1.

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Boston, April 1, 1835.

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(Jan. 6—1f.)

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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WEDNESDAY, APRIL 22, 1835.

[NO. 11.]

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## MEMOIR OF DUPUYTREN, LATE SURGEON OF THE HOTEL DIEU, PARIS.

WE propose to take a view of the late Baron Dupuytren as a man of science, and give a brief sketch of his person and character. He was one of those individuals whose countenance always struck observers as emblematic of a mind whose exact character was not expressed in words. The contemplation of his features left a "je-ne-sçai-quoi" impression on the feelings even of the most acute physiognomists,—half pleasurable and half dissatisfied,—a sensation at once of admiration and dislike, for which it was found impossible to account. Dupuytren was a man of middle stature, brown complexion, and strong make. In his youth he must have been extremely handsome. Those who possessed the personal acquaintance of both, must have observed some resemblance between Dupuytren and the professor of anatomy in the University of Dublin. The striking magnificence of forehead, expressive of intelligence of the highest order, and the small dark piercing eye which distinguished the one, had their rival in the other,—that eye, oftenest twinkling with playful malice in the one, and in the other darting those stern annihilating glances which rendered the presence of the great surgeon of the *Hôtel Dieu* so imposing, and frequently so oppressive, to those who fell beneath his scrutiny. "His eye," says a French author, "was enough to terrify a Corsair."

But it was to the peculiar expression of his mouth that the physiognomy of Dupuytren owed its characteristic cynicism and appearance of universal distrust. Viewing the upper part of his face, and particularly his broad fair forehead covered by a thin white *cheveleure*, the figure was that of a man imbued with feelings of benevolence and accustomed to exert the most untiring patience. But soon would the impression be destroyed by a sudden curl of the lip, an almost imperceptible compression of the mouth, a fastidious though polite shrug of the shoulders,—tokens of the mental storm within, which, with calm exterior, he was disdainful to show, refusing to let his fellows become witnesses of any one feeling that governed him. Without the appearance of avoiding society, though present at all the learned meetings of the French capital, at the Faculty, at the Court, at the reunions of private life, Dupuytren was, intellectually speaking, a perfect anchorite. Admired by all, the friend (perhaps) of a few distinguished men, there was not one who could say, "I know him." We have already hinted at a cause which, to many, explains the secret reason of the cynicism and distrust of his fellow-men that have thrown a shadow over the fairest days of Dupuytren's life.

That cause was sufficient to account for even still more remarkable effects ; but others attribute his constant ill-temper and *ennui* to a weakness which is common to a class, of great men who are yet not sufficiently great to despise the malice of the envious. Dupuytren never forgot a kindness, and never forgave an injury. His ambition was fully equal to his talent, and under the coldest exterior he concealed a heart which was sensible to the slightest impressions. He felt conscious of the superiority which he so fully possessed ; and to justify his pretensions, he sacrificed all the pleasures and comforts of private life, and condemned himself, as we have heard him say, " to lead the life of a dog." " Above all things avoid being an insignificant man " (*ce qu'il faut craindre avant tout, c'est d'être un homme médiocre*), was one of his favorite maxims, and to escape the chance of a humiliating modicrity he devoted every energy of his mind, succeeding to the utmost verge of his resolve, but not without most bitterly experiencing the stings of envy and calumny, nor without nourishing an implacable hatred against the authors of reports which a man of less susceptibility would have treated with deserved contempt.

The life of Dupuytren afforded various examples of the intensity of this dominant morbid feeling, and of the manner in which he avenged himself. How deep and ramified the root hypocrisy had taken in the vicious court of Charles the Tenth, is too notorious to need description. The royal favor there could only be obtained beneath the guise of professed religion. Every one had his confessor, and the worst sinners passed for the greatest saints. With this crowd Dupuytren was accused of mingling, in person and in object, and malice once went so far as to declare that he had dropped expressly from his pocket a little prayer-book within the precincts of the royal apartment. Innumerable epigrams sprang from the alleged incident, but, equally insignificant with the charge, they were soon buried in oblivion. The memory of the affront, however, never passed from the mind of Dupuytren, and years afterwards, on being accidentally called to attend the daughter of a countess, the supposed authoress of the story, he avenged himself by the infliction of treatment the most cruel and heartless on the mother at the death-bed of her daughter.

The dress which Dupuytren invariably wore was very peculiar. At the Institute or the Faculty, in town or at the court, in summer or in winter, he was always clothed in a little round-cut green body-coat, to which, when he visited the hospital, was added a small green cloth cap, of a cut altogether original. Those who have at any time followed his clinique at the *Hôtel Dieu*, will remember the slow, the almost jesuitic pace, with which he entered the amphitheatre, the brim of his green casquette turned from his forehead, the white apron in front, his right hand thrust into the bosom of his coat, and his left constantly applied to his mouth ; for no matter in what society he found himself, whether in public or in private, at the hospital or presiding at a concours of the Faculty, Dupuytren had a habit of constantly gnawing the nails of his left thumb and index finger, like one who suffers from some intense bodily or mental pain.

When seated in the professor's chair, he never addressed himself to

more than a fraction of the audience ; his back was turned upon at least three-fourths of the assembly, and he commenced with a low and indistinct muttering, which afforded little indication of the splendid, and on many occasions truly eloquent, discourse that was to follow. The most profound silence always reigned in the crowded class which filled the amphitheatre of the *Hôtel Dieu*, as though all were anxious to catch even the first word that dropped from his mouth ; and if, during the lecture, any one permitted himself to betray a symptom of *ennui*, one of his searching glances, with a motion of the lip expressive of the most ineffable contempt, covered the thoughtless culprit with shame and terror.

In the wards of the hospital, the originality of Dupuytren appeared even with more relief. On rare occasions he descended so far as to joke with a patient ; but towards the students, and even to his own dressers, he was cold, ironical, capricious, and tyrannical, to the last degree. Frequently did it happen, on questioning a patient for a few seconds, that if the answers were not given as clearly and precisely as the inquiries, he would punish the unfortunate *malade* by a shrug of his shoulders, and a departure without a moment's further attention to him. Not easily shall we forget the day when the mother of a child whose leg he was about to amputate, having forced her way into the amphitheatre, suddenly interrupted the operation ; the self command of Dupuytren left him, and forgetting what was due to humanity,—to a woman and a mother,—he turned out the agonized parent from the room, with a *coup de pied dans le derriere*.

Dupuytren never tolerated the slightest suggestion or contradiction affecting his measures or opinions, and, as we have remarked, his treatment of the pupils who were placed under him in the hospital was marked by the utmost austerity. The number of his dressers at the *Hôtel Dieu* amounted to twenty-six. At six of the clock every morning he called over the list, and no excuse for absence was admitted. More than once he has publicly degraded an *externe* who had disobeyed his orders, or showed some symptoms of insubordination, by tearing off his white apron and other such insignia ; and, on one occasion, it is said that he so far forgot himself as to strike the apothecary of the hospital, giving the offended pharmacist, however, the honor and “satisfaction” of a meeting next day in the Bois de Boulogne ; but the duel was, we believe, prevented by the police.

It is a matter of sad experience, that talent and integrity alone are rarely sufficient to raise a man to the high posts of honor in a large capital. The candidate must have protection, and a *savoir vivre*, without which he may struggle for years in obscurity. Dupuytren was fortunate in both respects. At a very early period of his life, places were offered to him in the hospitals of several large provincial towns, but he always took care to recommend to the post one of the young rivals whose fame or competition might at a future day become troublesome to him. Thus, of five or six competitors who originally opposed him, he succeeded in placing one at Clermont, one at Rouen, and one at Strasbourg, and he finally vanquished the remaining three—M. Roux, M. Marjolin, and M. Delpech, in the celebrated concours which took place for the chair of Operative Surgery, on the death of Sabatier, in 1812.

Dupuytren owed his appointment to the head surgery of the *Hôtel Dieu*, where he has ruled, the absolute master, for the last sixteen years, to an accidental circumstance, which deserves to be recorded, both as an example and a warning to hole-and-corner surgeons in all quarters. Previous to the year 1817, Pelletan was surgeon-in-chief of the *Hôtel Dieu*. Dupuytren, who served under him as second, soon became an object of jealousy to the old professor. Distrust succeeded jealousy; then followed mystery, and, finally, a secret operation, by which Pelletan was completely ruined. In 1817 there was a patient in the female wards of the *Hôtel Dieu* who was affected with an enormous carcinomatous tumor of the upper arm. The disease extended to the parietes of the chest and to the neck. The bloodvessels were altered, and several other unfavorable complications existed. On a consultation, Pelletan advised an operation, but Dupuytren, in a forcible manner, pronounced various reasons against any attempt to remove the tumor. The patient was undecided. In this state of things, Pelletan was imprudent enough to shut himself up with a few favored pupils, and perform the operation in private, without having informed Dupuytren, or any other person who was absent, of his intention. The patient died almost immediately afterwards, and this event was followed by the retirement of Pelletan.

The reputation of Dupuytren as a first-rate surgeon was now fully established. His private practice became considerable, and in 1820 the assassination of the Duke De Berry introduced him to court, thus laying the foundation, if not of his professional reputation, at least of the immense fortune which he has left behind him. If report speak truly, the surgeon of the *Hôtel Dieu* on this occasion, for the first time, lost the *sang-froid* and presence of mind for which he was so remarkable, and committed two essential errors,—one as a practitioner, the other as a courtier. In the first place he sounded the wound of the Duke,—a penetrating wound of the chest! In the next he abstained from answering the King when his Majesty addressed to him some question in Latin. Little faith, perhaps, will be placed in the excellence, or even the existence, of the Latinity of Louis XVIII., for since the time of the scholarly James, the classics have fallen into disrepute at courts. However, here is the anecdote in detail, as told by a man of letters. Immediately after the accident, Louis, who loved his nephew tenderly, entered the sick chamber, surrounded by a crowd of princes and surgeons, burning with anxiety to know the probable issue of the injury, and at the same time anxious to avoid alarming the patient by an imprudent remark. The King turned to Dupuytren, whose appearance even then attracted his notice. Nothing would have been more simple than a whisper in the ear of the surgeon, conveying a request for his opinion. But so close an approximation of King and subject as that species of communication would require, was incompatible with the dignity of a royal personage, and so it was regarded by his Majesty, who relieved himself from the dilemma by reducing his question into Latin, presumed to be the language of physicians, and one with which the patient was known to be but slenderly acquainted. But the words fell dead from the royal lips. No answer was returned to them by Dupuytren, whether from indisposition to reply,



ignorance of the language, or confusion at the scene, and M. Dubois, who happened to be present, answered for him.

It was, however, rarely indeed that Dupuytren allowed himself to be surprised. If he was excelled in a few particulars by some surgeons,—if, for example, as we admit, M. Roux was quicker and more dexterous at an operation,—Dessault more brilliant as a professor,—Boyer more prudent and humane, and Marjolin more profound,—there was none who could compare with him for imperturbability of mind in the midst of accidents or untoward circumstances,—none whose eye was more certain, or whose hand was more firm. Like other surgeons, he has made mistakes. He has opened an aneurism for an abscess, and has cut for the stone when no calculus existed in the bladder; but such errors only gave to Dupuytren an opportunity of displaying his superiority. They never disconcerted him. Thus, upon one occasion, when extirpating a tumor from the neck, he accidentally opened a large vein, and the patient expired in an instant, from the admixture of air with the blood. Without being affected by an accident which would have disconcerted nineteen out of twenty practised men, he coolly turned to the class at once, to discuss the cause of death in an extemporaneous lecture which has seldom been surpassed or equalled for the excellence of its matter and arrangement.

It was, indeed, as a clinical professor that Dupuytren obtained the surpassing reputation which placed him at the head of European surgeons. He succeeded, at the *Hôtel Dieu*, the most eloquent lecturer that France ever produced, and in his new office not only sustained the character of the school at its full height, but raised the clinical instruction to a point which must be regarded as little short of perfection. The “*Leçons Orales*,” published under his direction, and from which so many lectures have been translated, convey, perfect as they are, but a feeble idea of the rich and well-selected materials which he has been for years submitting, without intermission, to the attention of the pupils of the hospital. Dupuytren was not what is usually called an orator. He seldom had recourse to literary embellishment, or borrowed from the works of others; but his elocution was simple and elegant. Weariness never stole over his audience during the lecture, from the assemblage of useless details, or superfluous repetitions. On the contrary, his discourse, which flowed from him with the ease and fluency of a perusal, was stored with facts selected from his own practice, and arranged with a clearness that showed how perfectly he understood and had studied every branch of the art.

As an operative surgeon he was successful, without being brilliant; indeed it is notorious that he failed much less frequently than his rival at *La Charité*, M. Roux, who, in spite of his wonderful dexterity, and excellent method of manœuvring with the knife, lost at least three patients for every two of Dupuytren. The cause of this difference is easily explained. Surgery is no longer what it was a century ago,—the art of lawfully cutting and hacking the human body. A more rational direction is given to the studies of those who commence their surgical career. These first apply themselves to medicine as the parent art, and regard surgery in its true acceptation, viz., as a branch of medicine, in which

the occasional employment of instruments is demanded. How numerous are the diseases awarded to what is called "surgical practice" which not only are "internal," but are quite beyond the reach of instruments! Regarding surgery in this its true sense, we hesitate not to place the late Baron Dupuytren at the head of European surgery. He operated with great dexterity and with immovable *sang-froid*. But his chief qualities consisted in the perfect correctness of his diagnosis, and the admirable manner in which he managed the therapeutic treatment of his patients. In the great majority of all descriptions of cases, the great difficulty is to establish a correct diagnosis, for on that alone can treatment be correctly founded. The one is subjective to the other, and is a secondary branch of the art. In diagnosis Dupuytren was equalled by no surgeon of his time. A few questions, often put in the most careless tone, a single look, the application of the hand on the abdomen, were sufficient to reveal indications, which, assembled in his mind with almost inconceivable rapidity, afforded conclusions to the surgeon that seldom if ever were erroneous. Not that he was infallible; and it was a reproach that he did not evince that frankness of manner and readiness to acknowledge the commission of an error, which should distinguish all men, and especially surgeons. So far from exhibiting a willingness to admit the commission of a blunder, Dupuytren was not ashamed to resort to unblushing falsehood to conceal it. On one occasion, for instance, at the *Hôtel Dieu*, where the intestine had been opened during the operation for strangulated hernia, Dupuytren, when showing the piece to the class, forcibly thrust his finger through the incision, and dilated with eloquence on the curious way in which gangrenous inflammation sometimes *cuts through the intestine like a knife*, although the interne by his side (at the risk, as he himself said, of being kicked) now and then gave the professor a hint that he was mistaken, and that the opening which he demonstrated was not due to inflammation but to the bistoury. Traits of this kind were not unfrequent. The *amour-propre* of Dupuytren even pushed him to the publication of inaccuracies where he was certain of being detected. Thus in his "*Leçons Orales*," and long before them, in 1824, he boasted that the mortality of the *Hôtel Dieu* was reduced to 1 patient in 20, 1 in 19, or 1 in 18, as a mean term; but authentic documents, since published by the authority of the Council-general of hospitals, showed that at that very period the mortality amounted to 1 in 14.

As a writer his reputation is neither great nor extended. He was, in fact, so occupied by practical duties that he had not time to write. It was chiefly as a clinical professor that he shone; and during the twenty years that he gave instruction, the clinical school of the *Hôtel Dieu* has produced more brilliant surgeons, and disseminated more new and wholesome ideas on surgery, than any other establishment of the kind in Europe.

If Dupuytren, however, did not himself write, yet his ideas have been taken up and published by others, and it would not be a matter of difficulty to enumerate a number of excellent works, of memoirs which have covered their authors with renown, that were taken from the fertile source of his clinical instruction. The little which Dupuytren has furnished from his own pen, is to be found in the memoirs of the *Royal Academy*,

and in the Dictionary of Medicine. Amongst the most remarkable we may enumerate, *in anatomy*, Researches on the Spleen, on the Veins of Bones, on Fibrous and Erectile Tissue :—*in physiology*, on the Nerves of the Tongue, on the Motions of the Brain, on Absorption, and on the Influence of the Eighth Pair of Nerves :—*in pathological anatomy*, Memoirs on the Neck of the Long Bones, on False Membranes, on Amputation of the Lower Jaw-bone, on Ligature of certain Arteries, on Fracture of the Fibula, on Artificial Anus, on Diabetes Mellitus, on Congenital Luxation, and on Retraction of the Fingers. It is said that he has left an unpublished treatise “on the Diseases of the Glands.”

Besides these permanent “titles,” Dupuytren has modified a great number of operations, and is the author of several most useful instruments. For example, his *enterotome* is sufficient alone to have immortalized any reputation ; indeed we should be inclined to place his operation for artificial anus after that of lithotripsy, and it is infinitely more successful. Thus, up to 1824, forty-one operations, the greater part of which had been rendered necessary by gangrene of strangulated hernia, were performed with the enterotome. Of these only three were unsuccessful ; the remaining 38 patients were cured without any accident or risk. Since 1824, at least 100 operations of the same kind have been performed, and with similar results. Dupuytren also invented a double-bladed bistoury for the bilateral operation, a cataract needle, a compressor in cases of hemorrhage, a porte-ligature ; and, as we have mentioned, he has introduced excellent modifications of most of the great operations in surgery.

By his death the science has lost one of its most solid ornaments, and the school of medicine in Paris its most accomplished professor. The void which he has left is immense. Who can fill it ? Who can now succeed to that chair with éclat, which has been filled by Dessault, Pelletan, and Dupuytren ? That it will even be filled to the best advantage which circumstances admit, we have reason to disbelieve. Intrigue is at work, and there is cause to engender a fear amongst the profession in Paris, that the clinical instruction in the *Hôtel Dieu* will be intrusted to one of the worst clinical lecturers in that capital. M. Roux removed to the hospital on Monday, March 1st, and his place will be filled by Velpeau.—*Lancet*.

#### CASE OF SPECTRA OF THE RIGHT EYE—CATARACT AND ARTIFICIAL OR FALSE PUPIL OF THE LEFT EYE.

BY EDWARD J. DAVENPORT, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

REUBEN CURTIS, seventy-two years of age, farmer—Hanover, Mass. applied April 1835, with defective vision of the right eye. He states that the difficulty consists in the appearance of black specks “before his eyes.” He first began to notice them about three years since, and while engaged in reading ; and it is seldom that they appear except when applying his eyes upon small objects, as in reading and writing.

At first they continually increased in density and number, but afterwards they diminished. They had the appearance, at the commencement of the attack, of small black motes, round and resembling the head of a fly; and they varied in size from time to time, being sometimes no larger than the head of a pin, and at others apparently of the size of a pea.

Of late these spectra have assumed the appearance of luminous and very brilliant objects (thus approaching to photopsia or lucid spectra), of a reddish or purplish hue. The patient describes them as being very beautiful; and as occurring when his eyes are directed towards luminous objects, as the fire; and also not unfrequently in the night, and when his eyes are closed. All these spectra, Mr. C. feels confident are *stationary*—a very unfavorable symptom in the opinion of some eminent writers upon this subject.

As regards his present power of vision, Mr. C. is able to read, with the aid of convex glasses of a high magnifying power\*, small print with considerable facility, but he complains that the letters appear to be smaller and finer than natural (which may be owing to his glasses not being sufficiently convex for the state of his eyes); and what is of more consequence in a diagnostic point of view—that after reading a short time, he finds a “blur over his eyes” and the letters become indistinct. His vision, however, enables him to pursue without much difficulty his usual avocations.

The pupil of the diseased eye (I say of the eye affected with spectra, because, as will be directly mentioned, the vision of the opposite eye is much impaired from an accident) is preternaturally contracted and possesses little motion. The deep-seated humors are somewhat opaque. The iris is of a dark hazel color. The corneæ are flattened, but clear and transparent, and without a trace of the marginal opacity peculiar to persons of advanced age, known under the name of *arcus senilis*. The eyeballs are deeply set in the head. In reading, Mr. C. prefers a strong light, and requires to have objects viewed strongly illuminated.

He has experienced no pain either in the eye or neighboring parts. His health is good; and his habits are temperate, except in the use of *tobacco*, in which he indulges to excess.

The vision of the left eye, I have said, was impaired by an injury received from the knotted end of a whip-cord striking with violence upon the eye, probably upon the cornea.

This injury occurred fifteen or twenty years ago, and was followed by severe inflammation and immediate loss of vision; so that he despaired of ever seeing again with this eye, but within a few years a spontaneous improvement in vision has taken place. Upon examination of the eye, the natural pupil was found to be elliptical and irregular, considerably dilated, and having its motions much restricted, (perhaps by adhesions of the uvea to the capsule of the lens), but it is *not* insensible to the stimulus of the light.

\* In Mr. Curtis's eyes we have an instance in which convex glasses are necessary to enable a person to see distant as well as near objects, as is generally the case after operations for cataract. With reference to this state of the optic apparatus, Mackenzie says, Ch. XVIII. Sec. 11, “Although the eye, after middle life, loses the power of distinguishing near objects with correctness, it generally retains the sight of those that are distant. Instances, however, are not wanting of persons of advanced age requiring the aid of convex glasses to enable them to see distant as well as near objects.”

The capsule is perfectly opaque, and has the appearance of blotting paper which has been immersed in water ; the lens also being opaque, presents an instance of capsulo-lenticular cataract. But the most remarkable circumstance, and that which explains the spontaneous improvement of vision, is the occurrence of an artificial pupil, produced, no doubt, by the same accident that occasioned the cataract.

This *false* or *artificial* pupil is at the lower and external edge of the iris, and was caused by a separation of the circumference of the iris from the choroid, where it adheres to the ciliary ligament. And it was from observing an accident precisely of this kind, that the celebrated surgeon Scarpa was led to adopt the mode of forming an artificial pupil by separating with a cataract needle the outer edge of the iris from the choroid coat. This mode has been called the operation for *artificial pupil by separation*. Through this oval fissure or false pupil, which is larger than the natural pupil, appears a portion of the lower margin of the opaque lens ; and here the lens has evidently been diminished in size from absorption, leaving a transparent opening between its margin and the ciliary ligament, through which the rays of light find a passage to the eye, and thus enable him to distinguish objects with considerable distinctness.

It may be well to observe, however, that in looking straight forward with this eye he has but an inconsiderable degree of vision, but objects are most distinctly seen in looking obliquely upwards.

In connection with the diseased state of the right eye, it becomes interesting to inquire in what manner, and with what chance of success, an operation could be performed upon the left eye for the removal of the cataract. The operation by *depression* or *displacement* is, for obvious reasons, objectionable in this case : the flatness of the cornea, together with the small size of the anterior chamber and the depth of the eye in the socket, would present serious but by no means insuperable obstacles to the operation by *extraction*, the incision through the cornea being made upwards : the operation by *dissolution* would involve less hazard, and should the lens prove to be hard, which from the age of the patient, and from some other circumstances, as the color, &c. is not improbable, then the cataract being pressed forward and kept in contact with the cornea by means of the cataract needle introduced through the sclerotic, the operator should immediately proceed to extract through a section of the cornea. It would appear in the above case that absorption of the body of the lens had taken place to a certain extent. Whether it is a common occurrence in adults, for absorption of the lens to take place, and to what extent, the integrity of the capsule remaining unimpaired, are points of inquiry upon which information is respectfully requested.

For the disease of the right eye, the patient was recommended to take blue pill, to be followed with infusion of senna ; to blister the nape of the neck ; to adopt a diet of vegetable and farinaceous food chiefly ; to avoid stimulants of all kinds, and particularly to refrain from exercising his eyes upon small objects.

*Boston, April, 1835.*

## MASSACHUSETTS GENERAL HOSPITAL.—SURGICAL REPORT.

## POPLITEAL ANEURISM CURED BY TYING THE FEMORAL ARTERY.

[Communicated for the Boston Medical and Surgical Journal.]

PETER BRAINARD, æt. 28, mariner, East Cambridge, Dec. 11, 1834. About three weeks since, patient, while at sea, perceived pain and swelling about outer hamstring, but was able to keep about for a week, when the pain became so severe that he was obliged to give up work. Says that previous to this trouble, he made great exertions with the rest of the crew to save the vessel during a storm. He has been attended by Dr. Hooker, who reports that pulsation has been evident in the tumor, which was the size of a hen's egg. He has had constant pain in the part affected, preventing sleep at night. Has taken purgatives within a week. Had gonorrhœa five months since, which has never been entirely cured. Has taken spirit freely.

At the present time the knee is swollen to more than double its natural size. No pulsation evident in the ham; the swelling extends several inches above the knee; bowels open with medicine. Pulse 140; tongue furred. Ten leeches to the knee—afterwards fomentations of bitter herbs.

R. Pulv. Ipecac. ʒj.

Hyd. Submur. gr. vj. M.

Diet—Liquid, farinaceous.

12.—Reports more comfortable; slept more in the night than for a long time previous. Knee continues much swollen. Vomited a little; three dejections; pulse 130.

13.—Swelling of the knee much diminished. Says chief pain is in the lower part of the calf of the leg and in the malleoli. Two dejections; pulse 120. Tongue nearly clean. Eight leeches to knee. Continue fomentations.

15.—Was kept awake by pain in the lower part of the leg last night; now more comfortable. A distinct tumor is perceived in the outer part of the ham, which diminishes in size upon compression of the femoral artery. Tongue well; pulse 100. Diet—Milk, rice, or rye hastypudding. Six leeches to the knee.

17.—The knee reduced in size; very little pain; the tumor in the ham more distinct; pulsation very evident; feels very well.

19.—No pain, except about the malleoli; sleeps well; is allowed bread and butter.

23.—Limb reduced nearly to the natural size. Omit fomentations.

27.—*Operation, by Dr. Hayward, at 12 o'clock, M.*—The limb being placed in a suitable position, an incision four inches in length was made through the integuments, in the direction of the fibres of the sartorius muscle, commencing at a point one-third distant from the upper extremity of the thigh. This was continued until the internal edge of the sartorius was exposed. Upon raising the muscle, the sheath of the artery was brought into view: this having been opened for the distance of about an inch, with a scalpel and director, an aneurism needle, armed with a ligature,

was passed under the artery, and the ligature tightened. The pulsation immediately ceased in the tumor, and the foot and leg became cold. A superficial artery was wounded during the operation, but did not require a ligature. The edges of the wound were then brought into contact, and retained so by adhesive straps. Flannel was applied to the leg and foot.

3, P. M.—Foot and leg of nearly the natural temperature. Severe pain in the upper part of the thigh, extending through the groin and into the abdomen.

R. Tr. Op. gtt. xxx.

28.—No pain in the thigh and groin ; much pain in the head ; generally uncomfortable. Skin hot and dry ; tongue dry, coated at the back part. Pulse 130, full and hard. No dejection. Venesection, ad 3 viij.

R. Sol. Mag. Sulph. ʒiij.

If hot, P. M. the following :

R. Liq. Ammon. Acet. ʒj.

Sp. Æth. Nit. 3j. M.

3j. every two hours. Diet—liquid, farinaceous ; balm tea for drink.

29.—No pain ; an uncomfortable sensation about the head. Pulse 130, quite hard. Tongue moist. Venesection ad 3 xij. Afterwards pulv. ipec. et. op. gr. x.

30.—Reports better ; the skin more moist ; tongue moist ; pulse 100, less hard and full. Some pain in the head this morning ; none now ; two dejections.

31.—Took an opiate last evening ; slept well ; the wound dressed, and the edges nearly united. No pain ; bowels open ; pulse 108.

Jan. 1st.—Improving. Pulse more natural ; tongue slightly coated.

5.—Doing well. Omit mixture.

7.—Wound healing ; appetite good. Diet—bread and milk.

12.—Ligature came away.

16.—Doing well ; tumor in the ham nearly disappeared ; bowels regular. Wound open a little at the upper part. Discharged well.

*Boston, April, 1835.*

# EFFECTS OF MASTURBATION ON VISION.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—Having read with much interest the remarks of your esteemed correspondent Dr. W. on the effects of Masturbation upon the health and the integrity of the mental faculties, I beg leave to request any information his extensive opportunities for observation and practical knowledge may have afforded him, of the effects of that habit upon the organs of vision, and especially upon the nervous apparatus of the eye.

I make this request with a considerable degree of reluctance, being sensible that Dr. W.'s time must be fully occupied with affairs of much public and private importance.

Yours truly,

D.

*Boston, April, 1835.*

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BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, APRIL 21, 1835.

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## SMALLPOX AND VARIOLOID.

It is by no means customary, as our readers are well aware, to copy into this Journal, which professes to record well-established facts, anonymous articles from other publications. We have reprinted, however, from the Connecticut Courier, the following paper signed by a *physician*, because it contains important observations on the subject of smallpox and varioloid. Our own personal experience justifies us in saying that the assertions of the author are strictly true, and therefore worth preservation in the medical library. We regret, extremely, that the writer, who shows himself to be a careful observer of the character of diseases, does not communicate his lucubrations to the medical periodicals, where they would be sure of meeting the eyes of those who would be most profited by them.

"Contagious diseases, from what causes we know not, spread much more readily at one time than they do at another. This has been the case with the smallpox during the last winter. It has been very prevalent in New York, and it has been communicated, for the most part from this point, to different parts of New England.

The varioloid is a *modified* smallpox, appearing, as facts have demonstrated, *equally* in those who have had the regular smallpox, and in those who have had the vaccine disease. Of course there do not so many of the former have the varioloid, as of the latter, because in every community there is a vastly greater number of those who have been vaccinated, than of those who have had the smallpox. Both classes of individuals being equally liable, the greater class will have the greater number attacked. The varioloid differs from smallpox, not in *nature* but in *degree*. While therefore the smallpox will give the varioloid to those who have been vaccinated, those who have never been vaccinated will take the smallpox from the varioloid. The smallpox has a regular course, which is finished in a certain number of days. The varioloid, on the contrary, though it appears when it first breaks out, like the smallpox, never comes to the same degree of maturity, but has a short course, the length of which depends upon the extent to which the system is protected by vaccination. We occasionally have a case in which the protective power of the cowpock is so far lost, that the varioloid vies in severity with the smallpox itself, though commonly it is a very mild and short disease.

In estimating the value of vaccination, it is very important to keep in view this fact—that the vaccinated are by no means as liable to take the varioloid, as the *unvaccinated* are to take the smallpox. Whenever a case of smallpox occurs, a great many of those who have been vaccinated are ordinarily exposed, yet very few, perhaps even none of them, are attacked with the varioloid. But the same degree of exposure, in the same number of unvaccinated persons, would be followed by many cases of the smallpox. A man in Preston, Conn. who had the varioloid, went into a shop where there were several individuals, all of whom but one had been



vaccinated. That one took the smallpox, but none of the rest took the varioloid.

Vaccination, when done immediately after exposure to the smallpox, is a perfect preventive, as has been satisfactorily proved. The reason is obvious. The smallpox does not make its appearance till a fortnight after exposure, while the cowpock acquires its full influence on the system several days before this period has elapsed. When vaccination is delayed six or more days after exposure to the smallpox, the protection is not complete—the smallpox is modified to a greater or less degree, according to the progress of the cowpock, and takes therefore the form of the varioloid. Two infants were attacked with smallpox, before the cowpock had arrived at that stage which is attended with constitutional symptoms. The pocks were in these instances very few in number, and ran through their course rapidly, affecting the patient no more than chicken-pox ordinarily does.

How far can we place reliance on the protective influence of vaccination? It appears clear, from the facts which have come under the writer's notice, as well as from the whole history of vaccination, that those who are vaccinated are far less liable to take the smallpox than those who are not vaccinated, and that when they do take it they have it in a mild form, stripped of its danger and its loathsomeness. We may remark here that we have good reason to think that complete protection may be obtained by re-vaccination."

#### THE SPRINGFIELD SOMNAMBULIST AGAIN.

It is stated in a Springfield paper that Miss Jane C. Rider, the subject of the extraordinary paroxysms of somnambulism, an account of which appeared in this Journal some time since, has had a recurrence of similar paroxysms.

It has been suggested, and we heartily approve of the suggestion, that with the permission of her friends and medical attendant, Miss Rider should be placed in this city or vicinity, so as to test more perfectly the reality and extent of those phenomena, the relation of which excited the astonishment of some, and the incredulity of others. As animal magnetism seems of late to have called forth the attention as well of the scientific as of the curious, it might be well to ascertain the analogy or connection, if any, between these obscure states of the nervous (mental) and physical systems.

*An Action for Libel.*—A trial has been had in the Supreme Court of the city of New York, of some considerable interest—Dr. Isaac F. Merkle *versus* Dr. Marinus Willet—growing out of a misunderstanding between those gentlemen, in relation to the medical treatment of a patient. After a thorough examination, in which several physicians were called upon for opinions, the jury found a verdict for the defendant. An appeal, however, has been made from the decision, and a new trial will probably take place. The editors of the U. S. Journal remark—"We know neither of the parties concerned, but we should be glad to see an example or two made, by a jury of our country, of some of those talking doctors, who look for *nothing else to do*, and who, unfortunately for the character of the profession, exist among us."

*Epidemic at Dedham.*—Since the publication of our last weekly number, we have been informed that an epidemic disease of an alarming character has appeared among the operatives in the woollen factory at Dedham. The most prominent symptoms that have as yet presented themselves in the cases of the sickness alluded to, render it almost certain that the disease is typhous fever. The only case which has thus far terminated fatally, has been submitted to a post-mortem examination ; and the result of the autopsy disclosed indubitable evidence of extensive disease pervading in a greater or less degree the mucous membrane throughout the alimentary canal.

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*Dental Charges.*—A case was decided on Wednesday last, in the Court of Common Pleas, in this city, against a dentist, who claimed what was considered an exorbitant price for a simple operation. Although we made arrangements for obtaining the facts, together with the testimony of several distinguished dentists who were called upon, by some untoward mishap the reporter's minutes have not been prepared. It would be extremely unjust, therefore, to attempt a history of the transaction, without knowing precisely the story of each party—both being gentlemen of the highest worth and respectability in the community.

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*Washington Medical College.*—Ten young gentlemen received the degree of doctor in Medicine at this School on the 19th of March. Several appointments, it is said, of professors, will be made there, in the course of next month.

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*Remedy for Ringworm.*—An English physician recommends, as an effectual remedy for ringworm, a lotion composed of the "liver of sulphur" of the shops, and water, in the proportion of half a drachm or more of the former to one ounce of the latter. This is to be applied twice or thrice a day, the diseased parts, previous to each application, being well washed with soap and warm water. "Gas water" is said to be frequently and successfully employed for the same purpose.

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*Hiccough.*—What would be a remedy for an obstinate hiccough, which comes on nearly every day, and lasting ten, twelve, and sometimes twenty-four hours?—A correspondent has a colored man under his care, who suffers severely in this way ; but he has thus far afforded the patient only temporary relief by the administration of emetics, all other medicines being wholly useless. Communications upon the subject, would greatly oblige the gentleman who solicits the information.

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*Wearing Flannels.*—As the genial sunshine of spring advances, those accustomed to wearing flannel under-garments are too much disposed to lay them suddenly aside. This is an error of great magnitude. Keep them on till the east wind is no longer elaborated ; till the flowers are blooming in the fields, and a uniform atmospheric temperature is established. A multitude, annually, are hurried to an early grave, in the very meridian of life, in consequence of not understanding, or by neglecting, this simple though important advice.

**India Rubber Ear-trumpet.**—Among the countless number of ingenious contrivances growing out of the successful manufacture of India rubber, is an ear-trumpet, which promises to be a really useful instrument for the partially deaf. The flexibility of the tube is advantageous, from the circumstance that the apparatus may be carried very conveniently in a small side pocket.

**Operation of Lithotomy in Infants.**—At a late meeting of the Society of Practical Medicine, M. Guersent gave an account of three operations for the stone, which he had just performed upon children. The first, an infant three years of age, had a small calculus at the extremity of the urethra; this was removed by a very small incision. The second, seven years and a half of age, presented for the last few months all the rational symptoms of the stone, which was moreover recognized by the sound; the stone seemed large. M. Guersent performed the bilateral operation; but this did not give sufficient room; he then changed the operation to the quadrilateral, and extracted a calculus fifteen lines in its largest, and twelve in its smallest diameter; the thickness eight lines; the child did well for three days, but died of peritonitis on the fifth. The third patient, eleven years of age, was operated on by the bilateral method; the stone in this case was encysted, and the operator was forced to remove some of the mucous membrane of the bladder with it; the little patient, however, got rapidly well.—*Gaz. des Hop.*

**Petechiæ** are frequent in epidemic fevers. It is perhaps worth remarking that this eruption is not visible on negroes; at least I never could discern them in the case of any individuals of that race whom I have seen affected with fever in Africa, or elsewhere. The same thing is stated by Stendal. A writer in an old periodical speaks of a case in which the eruption was so ripe as to be seen through the nails of the patient. They were very common in the Irish epidemic of 1817.

*M<sup>r</sup> Cormac on Continued Fever.*

**Application of the Dynamometer and Pulley to the Treatment of Luxation.**—Dr. Sedillot, in a memoir recently presented to the Academy of Medicine of Paris and published in the *Gazette Médicale* of 23d of August last, recommends the employment of the dynamometer and pulleys in the treatment of fractures. The use of the former instrument permits the surgeon to ascertain with mathematical precision the extending power he employs, whether resulting from the efforts of assistants or the action of pulleys, and the force being thus submitted to calculation, the pulleys, he thinks, may be advantageously substituted for manual assistance; the former allowing of a more equal, graduated, or permanent extension, without the oscillations and jerks which occur when manual assistance is used.

*American Journal of the Medical Sciences.*

**Extirpation of the Parotid Gland.**—By Dr. M. Eulenberg, of Wriezen on the Oder.—The subject of this case was a female, aged 29, who was affected with a scirrhus of the left parotid gland. When the whole circumference of the tumor had been detached, it was found that a small process, about the size of a hazelnut, extended so profoundly between the

deep-seated parts, that it could not conveniently be dissected, until the principal part of the tumor was detached. This was accordingly done in order to make room, when a hook was fixed in the small lobe in question, and it was in like manner removed without much difficulty. The operation was performed on the 7th of April, and on the 11th of May the wound had completely healed, merely leaving the paralysis of the face, which was the necessary consequence of the division of the facial nerve.

*Rust's Mag. für die gesammte Heilkunde.*—*N. American Archives.*

**Extensive Ossification of the Spleen.**—By Dr. Julius Schmidt.—The subject of this case was an old drunkard, who died suddenly. The coats of the stomach were found very much thickened, and in attempting to detach numerous adhesions which the spleen had formed with the surrounding parts, its substance, which was preternaturally soft, was broken up by the hand. In the midst of it was found a bony mass, amounting to half the size of the organ.—*Hufeland's Journ.*—*Ibid.*

**Purulent Matter found in the Centre of a Fibrinous Concretion.**—M. Bri-cheteau presented a heart affected with aneurism, in the right auricle of which there was a fibrinous tumor as large as an ordinary nut, containing in its centre, consistent purulent matter. The fibrine was disposed in concentric laminæ, similar to the arrangement that is observed in aneurisms of long standing.—*Revue Medicale.*—*Ibid.*

Whole number of deaths in Boston for the week ending April 19, 19.

Of canker, 2—croup, 1—consumption, 3—dysentery, 1—droopy on the brain, 1—disease of the brain, 1—inflammation on the lungs, 1—intemperance, 1—lung fever, 3—throat distemper, 1—sudden, 2—worms, 1—unknown, 1. Stillborn, 2.

## ADVERTISEMENTS.

### PHILOSOPHICAL AND ASTRONOMICAL APPARATUS.

N. B. CHAMBERLAIN, No. 9 School St. Boston, manufactures Philosophical, Astronomical, Pneumatic, Hydrostatic, and Electrical Apparatus, Mechanical Powers, &c. of beautiful workmanship, designed for Lecture Rooms and public instruction in Schools, Academies and Colleges. Portable models of the Steam Engine, put in motion by a spirit lamp, afforded at a very reasonable rate, can be obtained at any time, by addressing the advertiser by mail.

Boston, February 4, 1835.

optf.

### VACCINE VIRUS.

PHYSICIANS in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—*inclosing one dollar.* Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless some other mode of conveyance is directed. Ten charged quills, an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely packed in a letter. The gentleman who has undertaken to keep the virus, will faithfully supply that which is positively genuine and recently taken.

Boston, March 4, 1834.

### MODELS OF THE EYE AND EAR.

BROWN & PEIRCE, 87 Washington Street, up stairs, manufacture beautiful models of the human Eye and Ear, for the use of students in anatomy and operating surgeons. The eye, particularly, is considered exceedingly useful, as the anatomy, and the philosophy of vision, are plainly demonstrated. The internal ear is magnified two feet in length, from the meatus internus to the external ear—giving a diameter of four inches to the semicircular canals. These models are the invention of Dr. J. V. C. Smith, formerly Professor of Anatomy at the Berkshire Medical Institution. Jan 21—*cf*

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid.* It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy, *gratis.*—Postage the same as for a newspaper.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. XII.]

WEDNESDAY, APRIL 29, 1835.

[NO. 12.

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## ON ABNORMAL SOUNDS IN DIFFERENT PARTS OF THE HUMAN BODY.

FROM RECENT LECTURES BY F. MAGENDIE.

IN my last lecture, Gentlemen, I spoke to you of two abnormal bruits which are often heard in the circulation, viz. the bruit de soufflet and the bruit de râpe. The former sound has been familiar to pathologists, and especially to those who have occupied themselves with the phenomena of auscultation, for many years. It has been long known as a fact, that when you listen to the circulation of the blood, as it takes place through the great vessels in the neighborhood of the heart, you often hear a peculiar sound, or bruit, somewhat resembling the noise produced by a bellows, and hence its name, "bruit de soufflet." This may be accompanied by a diseased condition of the heart and arteries, or, as is, I believe, more frequently the case, may be perfectly independent of any pathological lesion. But we also had occasion to notice a bruit which is developed in consequence of a change of organization, and presents itself in company with other abnormal sounds, or is heard supplying the place of one of the natural ones. This is the saw sound or "bruit de râpe," from the harsh, grating sensation that accompanies it.

Before I enter into a consideration of any abnormal sound, let me here remind you, once again, to lay aside those preconceived ideas which, I fear, you have adopted as to the nature of the bruits emanating from the human body, and the heart in particular. Your medical education has, no doubt, led the greater part of you to consider the stethoscopic phenomena of the heart and circulating system, both in health and disease, as being purely of a vital nature; but if you wish to follow my lectures with advantage, you must endeavor to get rid of this radical error. Nothing can be more contrary to the fact than the supposition that the sounds of the heart and arteries are of a vital nature, or depend upon a proximate vital cause. They occur indeed in organs possessing life and exercising certain vital actions, but that is all. Sound in the animal body, as well as in the external material world, is a simple physical phenomenon; and for its production we must have a physical cause, the concurrence of certain physical conditions, which I have already explained to you at length.

The abnormal sounds of the heart must, therefore, be sought in the operation of some physical cause or causes; but it is by no means so easy a matter to discover what the precise nature of that cause may be, and to adapt each condition to the varying and uncertain phenomena exhibited by the heart in a state of disease, and, above all, to seize an ex-

planation which shall be perfectly in harmony with the theory we have already proposed on the natural sounds, and with the numerous physiological facts we have adduced in its support. One cause of difficulty against which the physician has to labor in forming an explanation of the abnormal bruits of the heart, is the impossibility of studying them at his leisure. For the normal sounds this cannot occur. The great majority of patients in our hospitals will give you a daily opportunity of examining and reflecting on, with all the attention and time the subject may require, —of studying, I say, at your leisure, the healthy bruits of the circulating system ; but we cannot observe the morbid phenomena as we wish, much less certain symptoms of rare occurrence. It is only, as it were, by accident that these sometimes present themselves to our notice. Even in the wards of our largest hospitals you may often wait for a considerable time before you find a patient who furnishes an example of an abnormal bruit, and then in all probability it will be merely the bruit de soufflet. Thus, for example, I lately examined all my patients at the Hotel Dieu for twenty days consecutively before a well-marked pathological bruit fell under my notice. But the difficulty of our subject must not deter us from endeavoring to throw all the light upon it that we can obtain from the accessory sciences. With this view I have made several physical experiments, chiefly in order to ascertain the effect of fluids passing through tubes under various circumstances, and I have arrived at some results that are interesting, and may hereafter be productive of practical benefit. Thus I fitted a large syringe to several gum-elastic tubes of various diameters, and pushed in a quantity of fluid. The passage of the water through the tubes gave rise to a very distinct bruit de soufflet, and hence I conclude that in all probability the seat of the abnormal sound resides in the parietes of the vessels themselves. The reasoning is not indeed rigorously strict or demonstrative, but it is the nearest approach that we can make to an explanation in the present state of the science.

If the theory which I have just ventured to advance be true, or shall be confirmed by further observations and experiments, it will follow that the bruit de soufflet depends upon the dilatation of the arterial branches ; and we shall thus obtain an additional proof of a proposition laid down in an early part of the present course, viz. that at each contraction of the heart the arterial tubes through the whole system undergo a corresponding degree of dilatation. This, you know, has been positively denied by several physiologists of note. However, in order to develop the abnormal sound of which we speak, there must be something more than a simple expansion or dilatation of the artery, and this part of the subject requires a thorough investigation. Perhaps the frottement of the blood against the parietes of the vessels may share somewhat in the production of the bruit de soufflet, or a certain degree of pressure with a certain current of fluid may be necessary. These are merely ideas which I throw out for your consideration. Do not take them as facts, or as materials of a positive theory ; for, as I before remarked to you, our physical knowledge is here extremely limited, and we have an immense progress to make before we can hope to explain with certainty the physical conditions giving rise to the abnormal sounds of the heart.

We have, however, I believe, made some little progress already in the investigation of this difficult subject : thus as to the explanation of the *bruissement* heard in the neighborhood of aneurismal tumors in cases of circumscribed aneurism (and which, by the by, Laennec distinctly calls "a vital phenomenon"), we found this bruit most distinctly in the parietes of an elastic tube, where a portion, weaker no doubt than the rest, had given way, and produced in this manner an artificial circumscribed aneurism. The sound which we heard over the dilated pouch of elastic tissue was exactly similar to the *bruissement* described by Corvisart as a symptom of aneurism of the ascending aorta. So far the idea which we have advanced was confirmed by experience, and the error of Laennec at the same time clearly demonstrated ; for if the bruit, or, as he calls it, the "*fremissement cataire*" of aneurism, were in reality a vital phenomenon, how comes it that it was faithfully reproduced in the experiment to which we have alluded ?

There is another bruit which frequently enters as a symptom of organic disease of the heart, and which, I have no doubt, admits of explanation upon similar principles. You remember I spoke to you of a "*bruit de râpe*," heard whenever an obstacle occurs to the free passage of the blood through the valves of the great vessels springing from the heart. I made some experiments with elastic tubes, and succeeded before lecture in reproducing this abnormal sound, but when I endeavored to obtain it before the class, my experiment failed ; since then I have reflected upon the causes of our failure, and it struck me that we had not sufficiently imitated the physical conditions in which the vessel that produces the *bruit de râpe* is placed. Thus, we were content with merely suspending a portion of artery from the internal surface of the elastic tube, and then forcibly injecting a quantity of water against the obstacle ; but it is evident, that in order to approach as near as possible to the condition presented by an ossified valve, or a tumor, &c. we should have suspended some solid resisting body, like a piece of wood, in the tube : perhaps this may have been the cause of our failing to obtain before you the *bruit de râpe*. I shall, however, repeat the experiment with more caution, and we shall then see whether a more solid obstacle to fluid may not produce the desired result. When we consider the persistence of the *bruit de râpe*, as contrasted with the *bruit de soufflet*, and reflect upon the phenomena that constantly accompany it, we cannot avoid connecting this abnormal sound with some permanent pathological condition of the part in which it is produced. I consider the physical sound of the *bruit de râpe* to be some obstacle of a solid nature generated in the substance of the artery, and thus partially obliterating its cavity, or some mechanical impediment to the passage of the blood through the orifices of the heart, which are guarded by valves. At least in all the post-mortem examinations which I have made of patients who have exhibited this stethoscopic symptom during life, I have always found the pathological change now described, and hence am induced to attribute the *bruit de râpe* to the manner in which the current of the circulating fluid strikes against the morbid production opposed to it.

Let us now pass to some sounds which are occasionally heard in other parts of the system. These are common to either the arteries or the

veins, but they have been neglected by the greater part of physiologists, or merely attracted the passing notice of the physician, without giving rise to any deep or philosophical investigation. Thus, in some cases, one of the chief symptoms of which a patient complains, is a ringing in the ears. You must have all remarked this phenomenon at one time or another in yourselves or others. On certain occasions the bruit is extremely distinct and strong ; indeed, so strong, that the patient complains of its preventing him from enjoying a moment's rest or sleep. At other times there is a constant dull murmur, which is most tormenting. It may, I think, be explained, by the frothment of the circulating fluid against the parietes of the carotid artery, as it passes to the brain from the base of the skull through the carotid foramen.

Let me call to mind briefly the peculiar disposition of this vessel in the upper part of its course, before it breaks up into the branches composing the anterior and lateral parts of the circle of Willis. The internal branch of the common carotid artery ascends, slightly curving, upon the anterior straight muscle of the neck, until it reaches the orifice of the carotid canal, through which it is transmitted to the interior of the skull. During this part of its course it is situated very close to the eustachian tube, a membrano-cartilaginous tube, extending from the middle ear to the back of the fauces, and capable, as you all know, of transmitting sound from one to the other of the parts ; but what I would chiefly wish to remind you of is, the manner in which the carotid artery, necessarily following the various flexuosities of the canal, instead of presenting the appearance of a straight vessel, becomes flexuous in its course, and changes its direction at least four or five times before it emerges at the side of the sella tursica. This peculiar disposition of the artery has evidently for its object to diminish the impulse of blood upon so delicate an organ as the brain, and to regulate its supply in the same way (though not so perfectly, for in the human body circumstances do not require it), in the same way, I say, as the rete mirabile prevents the too sudden afflux of blood to the head in certain mammalia. But the mechanism by which this advantage is obtained, gives rise to the sound which is occasionally heard in the ears ; and remark, that this symptom prevails most intensely in plethoric states of the system, when the heart acts with violence, and the energy of the circulating vessels is increased by general or local causes. I do not know that physicians have paid any attention to this bruit, further than regarding it as a sign of determination of blood to the cerebral organ ; indeed in many cases it may be just strong enough for the patient to hear it himself, though the physician cannot ; however, a medical practitioner in Germany has lately published some cases to prove that inflammation of the brain is always attended with the development of a peculiar bruit in the carotids : he placed the stethoscope on the base of the skull, and found a distinct bruit emanating from the vessels, through which the blood flowed with increased force and rapidity. I have sought for this new stethoscopic symptom, but have never succeeded in finding it ; however, I see nothing extraordinary in it, nor any reason for not believing that it may exist under the circumstances alluded to. It is a subject that may be followed up with the hope of giving rise to beneficial practical results, and whenever a patient may fall under your care who complains of this



noise in the ears, I would recommend you to examine him with care, to note assiduously the minutest circumstances, and to determine, if possible, the physical phenomena either accompanying or giving rise to it. One thing certain is, that the origin of the sound of which I now speak, resides not only in the peculiar disposition of the internal carotid artery at the base of the brain, but is also closely connected with the greater or less degree of energy of the heart's contractions ; thus I have had frequent occasion to observe this symptom in patients laboring under active hypertrophy of the ventricles, who were constantly tormented by a loud noise in the ears ; and I have also proved that any remedy which diminishes the force of the heart's action, has a corresponding influence upon it ; in fact, after one or two bleedings, and when the system commences to feel the effects of strict diet, repose, &c. it generally disappears.

In other cases the bruit of the heart's shock is heard in the arteries, and sometimes is distinguishable even throughout the whole arterial system. Not long ago a case of this kind fell under my care ; the patient was affected with continued fever, and there was not a part of the body, in the neighborhood of any considerable vessel, where the bruit of a shock could not be clearly heard. Even when the stethoscope was placed over the radial artery, we had a distinct shock accompanying each stroke of the pulse. I examined this case with the greatest attention, on account of its novelty, and am certain that the sound thus developed was a real bruit, though, as to its cause or nature, I cannot attempt to give you the slightest explanation ; the fact, however, deserves to be recorded : perhaps longer experience and future observations may give us some clue to its cause.

Again, in large aneurism of the arch of the aorta, or of the pulmonary artery, close to its base, you hear a peculiar sound at each dilatation of the sac, making a third bruit in the precordial region : this pathological bruit is the more distinct and remarkable, in that it separates the two normal bruits from one another.

M. Bouillaud has described another abnormal bruit, to which he has given the strange name of "bruit de diable ;" you all know the circular instrument called "diable ;" this produces a discordant sound, to which M. Bouillaud has assimilated the bruit he heard in the carotid arteries, and thence gave it the name of bruit de diable. It has never fallen, however, under my observation, and I shall pass it over in silence, rather than hazard an opinion upon what I know nothing of by experience.

There is also another bruit which is sometimes observed in cases of aneurism, or as a result of an accident which I fear too frequently occurs—viz. the wound of the artery, as well as the vein, in bleeding ; this is the sound called, in technical language, "fremissement," and in all probability arises from the vibration of the elastic tissues surrounding the injured part.

Were we to examine carefully the various cases which daily pass before us, either in private or in hospital practice, we should, I venture to affirm, discover several other bruits in the human body which have not as yet attracted the attention of the physician or the surgeon ; indeed, there still remain a few to be noticed, but the short time which still remains for the completion of my course, compels me to pass to the consi-

deration of others that are infinitely more important in a practical point of view, afford a wider field for physiological investigation, and, moreover, are of so frequent occurrence, that you cannot set your foot in the wards of any hospital, however small and insignificant, without having abundant opportunity of studying them at your leisure.

[To be continued.]

#### SUCCESSFUL OPERATION FOR HERNIA.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—I send you the following case, not because it is an anomaly, but for the sake of preserving practical facts. Should you consider it of sufficient merit, please insert it in your valuable Journal.

I was called on the 24th of Nov. last, to visit Isaac Wentworth, 24 years of age, in an adjoining town, where I arrived in the evening, and found the symptoms of the patient to be those of strangulated hernia, as it has hitherto been called. On inquiry, found he had been laboring under his present illness thirty hours (his physician, whom he called the first day of the attack, saw proper, from some cause or other, to abandon him the morning previous to my being called). The patient said he had distress in the right side. While in a recumbent posture no tumor was to be seen; but on applying the hand I could evidently feel a firm, hard, though small tumor opposite the crest of the ilium. The young man observed that he had been ruptured ever since his remembrance. I then examined for the lower external aperture, where the hernia had made its former appearance, and where a truss had been applied and worn for a number of years, and readily found it—of so large a size and so free and clear, that I could pass my finger and the surrounding integuments into it. On further inquiry, with regard to what had been done, I was told that he was bled on Friday, the first day of the attack. A poultice of yeast and N. Rum had been applied over the region of pain the preceding day; and on the morning of my visit he had taken a cathartic prescribed by his first physician, but which was resisted by the stomach. When the patient stood upon his feet, a large tumor protruded itself through the external walls of the abdomen. Being satisfied of the character of the disease, the case was explained to him to be an incarcerated hernia; or, in other words, what has generally been denominated strangulated hernia, though it differed from common cases in this, viz. that instead of a stricture formed at the lower external aperture, there was a stricture, in this instance, formed at the internal oblique aperture. As the young man did not readily consent to an operation, a bag of pounded ice and salt was directed to be applied over the tumor, the patient being placed in a favorable situation for reduction by the taxis.

About sunrise, on Monday morning, he consented to an operation, as I had repeatedly advised through the night, as I could not discover any positive symptoms of mortification; and I was permitted to commence, assisted by my student, Mr. Knight, and a few people of the neighborhood. An incision was first made through the integuments over the tumor, and so on, systematically, down to the hernial sac, which was open-

ed, and was found to contain between four and six ounces of bloody serum. A loop of the small intestine, whose walls on its convex surface were of a dark chocolate color, and its internal surface of a bright red or crimson color, came into view. Search was now made for the stricture. The finger was passed into the ring between its walls and the sac, which entered so readily that I conceived there was not a stricture sufficient to produce all the present difficulty. I then undertook to pass my finger between the sac and confined bowel; but found it impracticable, from the firmness of the adhesion. With difficulty I then passed a spatula between the bowel and internal surface of the divided sac, and afterwards a probe-pointed bistoury, though with the utmost difficulty, in consequence of the firmness of stricture. However, after making a second incision, I succeeded in relieving the stricture sufficiently, by raising the hips and flexing the thighs, to return the bowel within the abdomen. There was no adhesion between the bowel and peritoneal sac, nor of the peritoneal sac on its external surface, excepting where it had descended to the lower external aperture.

Dressed the wound, and laid the patient on the bed, one hour from the commencement of the operation. In the course of one hour more, violent reaction came on. An enema of the solution of muriate of soda, and a mucilage of gum Arabic for drink, was prescribed. Ordered powders to be given every six hours, composed of half a grain of calomel, one-eighth sulphate morphia, three grains oxide ant. and eight grains of nitrate of potash.

On the following morning, the patient took a laxative composed of castor oil and *spts. terebinth.* Second day after the operation, heat and thirst abated; had two stools after taking the laxative. Ordered the same course to be continued, and on the 5th day he was convalescent; the wound looked healthy. 7th day, the patient was improving in every respect—the wound healing rapidly. On the 9th, he was in good health.

Here the principal stricture was in the peritoneal sac at its neck, or rather in that portion of it situated within the internal ring, and not in the *faciæ* or ligaments which form it—and this has been the principal reason for reporting the case.

In cases of this kind, where the sac with its contents is returned within the cavity of the abdomen, will the difficulty be permanently removed? I conceive that it will not. An intelligent physician has related to me the annexed facts, which occurred last month, in the town of Tuckfield. A Mr. Bailly, who had been confined to his bed for a week or more, on the evening previous to his death was assisted to rise for the purpose of having the bed adjusted; but while up, as he had been laboring under inguinal hernia for some time, it came down, and he returned it himself, as usual. Immediately all the symptoms of incarcerated hernia came on so violently, that his attending physician proposed to the friends a consultation in the morning. But as the distress increased, the family sent in the night for the physician who had been named for counsel. When he arrived the patient had been dead about five minutes. There was no post-mortem examination; but from his narrative of the particulars, I consider that every symptom of irreducible hernia attended from its first

to its last stage ; i. e. from incarceration to that of strangulation, and from strangulation to that of mortification and death.

Very respectfully, yours.

JONATHAN S. MILLETT.

*Norway, Me. April, 1835.*

**CASE OF IMPREGNATION OF THE OVARIUM, COMPLICATED WITH A FALSE CONCEPTION, OR MOLE IN THE UTERUS.**

TRANSLATED FROM THE ANNALS OF THE MUSEUM OF FLORENCE, BY W. TULLIDGE, M.D. OF FLORENCE, TUSCANY.

[Communicated for the Boston Medical and Surgical Journal.]

NATURE not unfrequently deviates from her ordinary laws, in the multiplicity of her productions. She offers, from time to time, to the contemplation of the penetrating and philosophical observer, as well as to the naturalist and accurate anatomist, singular examples of her deviations. The diversified means she employs, in the development of the germs of animal organization, are so variously modified, and by which the same formative power of production unfolds into existence such objects, as cannot but excite equally our attention and astonishment. The knowledge of the forces, and the means, which this universal mother employs, probably comprehends many problems of the animal economy which yet remain unsolved ; for as yet the scrutinizing inquirer has not penetrated into her laboratory, and surprised her in her labors, so as to develop her secret agencies. Nevertheless, there are many facts and observations which afford a clue by which we may penetrate some steps into the obscure region of her mysteries ; and by the accumulation of such facts, and the examination of their results, we may advance, and obtain more light in the difficult investigation.

The subject of the present memoir, Signora Anorunziata Vettori, was a native of Florence, of a delicate constitution, and of a high degree of sensibility, of the age of 34 years. She had been four times pregnant, in the course of her matrimonial state ; the three first offer nothing extraordinary, except the misfortune of two abortions—the first at the seventh, and the second at the third month. At her third pregnancy, she reached the eighth month ; the infant survived a few days only. In her last delivery and previous abortion, a violent menorrhagia ensued, and reduced her to such a state of debility that her life was despaired of, which was accompanied by an obstinate fluor albus. She, however, so far recovered that she became pregnant for the fourth time, and this pregnancy was indicated by the suppression of the catamenia, frequent nausea and vomiting, with an evident alteration in the breasts, and increased size of the abdomen. Combined with these symptoms there was a considerable degree of debility, and the leucorrhœa continued, with a certain indescribable uneasiness of the right hypogastric region. This state of the system being considered as the consequences of the nervous temperament, and the debility induced by the pregnant state, occasional anodynes and restoratives, with a regulation of diet, were alone prescribed. This plan of treatment produced no alleviation ; the symptoms exacerbated, with the advance of her pregnancy, and the hypogastrium became more painful.

About the third month there was a small appearance of blood from the uterus, and soon afterwards a very obstinate vomiting, accompanied by such pain and soreness of the abdomen as to be sensible to the slightest touch. This state was succeeded by an alarming syncope, during which all pulsation ceased for some hours, and the surface of the body became as cold as ice, at the same time covered with moisture. The face appeared hippocratic, and the sight became amaurotic. The danger became still more alarming during the night, and she was considered to be in a dying state. Nevertheless, the continued application of hot fomentations was persisted in, with cordial draughts, and small portions of good wine occasionally. By the continuance of this treatment, the dangerous symptoms abated, and the abdominal pains were considerably diminished. Her sight also returned, but the vomiting continued.

On the 27th of September the discharge of blood from the uterus became more profuse, and she brought forth a very vascular fleshy substance. This miscarriage had a considerable effect upon her mind, which appeared to be exhilarated with the flattering hope that the cause of her illness and sufferings was now removed; and although the vomiting and abdominal pains occasionally returned, there was no suspicion of another conception. In six days subsequently, after having passed a very easy and tranquil day, more free from pain than she had been from the commencement of her illness, she was attacked early on the following morning with a violent accession of pain of the right hypogastric region; attended with vomiting, followed by syncope, and the surface of the body again becoming cold. The pulse ceased, with loss of sight and speech, yet her senses remained. Towards evening her forces rallied, and a fever with full pulse ensued. The anodyne and restorative medicine prescribed had no effect whatever in obviating the vomiting or the other symptoms, which indicated such extreme danger. Soon afterwards a cessation of secretion of urine, with greater tumefaction of the lower part of the abdomen, took place. In this state she lingered till the fifth of October.

The circumstances which had preceded and accompanied the first stage of pregnancy, the pains of the right hypogastric region, the pertinacity of the vomiting, and the pains which continued after the expulsion of the false birth, were manifest signs of an extravasation of blood in the cavity of the abdomen, and indicated the existence of another conception, which was not before suspected.

*Dissection.*—Upon opening the cavity of the abdomen, an immense sanguineous extravasation was found there; and after removing this quantity of grumous matter, there was found in the lower part of the right iliac cavity, a small foetus of the male sex, fully developed, and which appeared to be of about three months. This foetus was attached by the funis to the corresponding ovary, in the midst of which was implanted the placenta. The ovary presented itself, as a large tumor of the size of a turkey's egg. There was an opening in the inferior part of it, from whence the foetus had issued, and this opening exposed the cavity, in which was implanted the placenta. The ovary and fallopian tube, on the left side, were observed perfectly sound. The uterus was nearly double the natural size, being large enough to contain a foetus of three

months, and its parietes were considerably thickened. The placenta, in the posterior part of its attachment to the ovarium, was lacerated and disorganized. The anatomical preparation of this interesting case is placed in the Imperial Museum of Physical and Natural History of Florence.

Here terminates the history of this singular case ; but some reflections naturally offer themselves in illustration. The multiplied experiments of Vallisnieri and Spallanzani to ascertain the development of organic germs and the process of conception, have undoubtedly thrown some light upon the system of generation ; but we are yet far from being able to class our knowledge of the subject amongst the catalogue of physical truths. In the preparation preserved of the above singular impregnation, the pinged extremity of the fallopian tube is seen strongly adhering to the ovarium. It is therefore probable that the fallopian tube, after having carried the prolific fluid to the ovarium, and to which the tube attached itself, at the moment of conception, abandoned not the same ovarium after having received the germ in its cavity, nor would it do so (whatever time may interpose) between the conception and the detachment of the germ ; and hence we may infer the natural development of germs in the uterus, and why the impregnation in the fallopian tubes is much more liable to occur than that of the ovaria. With regard to the cause of the pains occupying the right hypogastric region, these were consecutive to the distention of the abdomen, and may be ascribed principally to the ovarium not admitting the degree of extension which was necessary, and proportional to the successive development of the *foetus*, and these pains were no doubt augmented by the weight as well as the distention. From this circumstance, too, may be observed the inevitable necessity of the laceration of the ovarium, and which did not occur until the third month of pregnancy. But that which merits more particular attention, is the changes which were indicated by the symptoms ; as undoubtedly the exacerbation of the pains of the right side, the increased bulk of the abdomen, the icy coldness of the whole surface, announced clearly, fifteen days before death, that the laceration of the ovarium, and consequent extravasation of blood into the cavity of the abdomen, had taken place. In such a deplorable state, with so considerable an organic derangement, life could not possibly be prolonged, nor the least ray of hope be held out to the suffering patient.

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## BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, APRIL 29, 1835.

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### INTERESTING PHYSIOLOGICAL EXPERIMENT.

AN ounce of gastric fluid, taken from the stomach of Alexis St. Martin, nearly a year since, has been kept in the laboratory of Dr. Charles T. Jackson, of this city, corked up in a phial, and exposed to the variations of temperature, through the last summer and winter, for the purpose of observing what changes would take place in its composition. The temperature of the room has varied from 100° to 30° F., and the gastric

fluid has not in any manner changed in its chemical composition—it having only let fall a cloud of mucus which is totally insoluble in the fluid. This gastric fluid has preserved its digestive properties unimpaired, and now dissolves meat as readily as when first extracted from the stomach. Dr. Jackson took it from Alexis St. Martin on the 6th of May, 1834, and after having filtered it through coarse bibulous paper, corked it up in the phial as above stated. The experiment of digesting five grains of the muscular fibre of roasted veal, was performed with a 1-2 ounce of this fluid, on Thursday, the 23d of April, 1835, the phial being kept warm and in agitation by carrying it in his watch pocket while on professional duties about town. The entire solution took place in twelve hours. Dr. Jackson, with his usual perseverance, has made a series of experiments with this fluid, and a proximate chemical analysis of its constituent parts, which will soon be published in some one of the medical periodicals, the result of which we shall lay before our readers.

Why are not the services of this gentleman secured by some of the medical schools? As a chemist, he certainly excels—having no superior in this important department of medical science.

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#### MEDICAL MANŒUVRING.

WE have heretofore had occasion to make reference to several anonymous communications which have been sent to our address, relative to alleged medical manœuvrings in this metropolis. The subject is again referred to, in order to state that we wish it distinctly understood by all who read this Journal—(and, by the way, it is pretty certain that a goodly catalogue manage to peruse its pages, who do nothing towards its support)—that though we feel a perfect willingness to publish facts which will be interesting to the profession, yet there must be a responsible name attached to all such articles as would be calculated, from the peculiarity of their character, to rouse the indignation, wound the delicacy, or call in question the motives, of any individual. That the spirit of intrigue is now at work, as it always has been and will be in a city where competition exists in professional business as well as in trade and manufactures, is not to be doubted; but there is a wide distinction to be made between honorable ambition and low cunning. Much is said about medical aristocracy—and not, perhaps, without reason. But the very men who reprobate the doings of others, would, if placed under similar circumstances, there is great reason to fear, arrogate quite as much power to themselves, as appears odious to their jaundiced eyes in those whom they echew as medical monopolists.

Being desirous of passing over the rough road of life as comfortably as possible, without interfering with the rights or privileges of others, we can conceive of no condition more wretched than that kind of intolerable selfishness which grasps at even the good name of a rival. A man's good name is not to be cauterized without cause. It is his jewel; and to pursue a course of treatment which has a tendency to lessen the confidence which may be reposed in him, either as a physician or a citizen, without manfully assuming the responsibility of declaring and carefully substantiating the accusation, would be no less atrocious than highway robbery.

Again, it would be absolutely hypocritical to deny that we are impressed, most fully, with the conviction that some of the insinuations so strange-

ly sent to us, are based on truth ; and when fair statements are presented, with an avowal of the authorship, no unwillingness will be manifested to conceal abuses or barricade the falsely acquired reputation of a medical manœuvrer.

Within a very few days we have been accused of being in the interest, and, indeed, at the quiet disposal, of what our correspondent denominates a clan, who, while cutting the cloth to suit their own measures, manage most adroitly to keep us subservient to their plans of medical aggrandisement. This is as false as it is abominable. We are neither to be bought nor sold ; and we take this opportunity to declare, triumphantly, that we are in every respect entirely independent and unshackled. Because, forsooth, we are professed peace-makers, devoted to the quiet pursuits of medical literature, and catering to the best of our ability for a Journal which is circulated in sections of the country where these local feuds are unknown and uncared for, we are said to be muzzled !

Give us facts—we repeat the invitation—and be in readiness to substantiate them, and we care not how much medical iniquity is exposed, nor who swings upon Haman's gallows. We never had a tact for discovering the moles in a neighbor's eye ; but we do not, however, on that account, question their actual existence. Yet our own personal intercourse and general acquaintance with the profession in New England, give us the most favorable opinion of the intrinsic worth and claims to respectability of the whole body.

In dismissing this subject, we would again state that our columns are open to whatever can serve the medical profession, promote merit, or better the physical condition of mankind.

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#### THE SPRINGFIELD SOMNAMBULIST.

In the last number of the Journal an erroneous statement, relative to Miss Rider, was inserted. Dr. Belden, her former physician, and the gentleman to whom the philosophic world is indebted for an admirable history of her case, has sent us the accompanying note, which we are happy to lay before the public.

Springfield, April 23, 1835.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—I am sorry to find an error of "one of the Springfield papers," respecting Jane C. Rider, transferred to your Journal. By recent letters both from her and her present medical attendant, I learn that she does NOT now possess the extraordinary power of vision which she manifested when in Springfield. She has, within a few months, suffered much from headache ; and, during that time, has had several paroxysms in which there was a partial interruption of consciousness : but *only in one instance* has she been able to see in the dark. On no other occasion, since she left the hospital in Worcester, has she given evidence of any uncommon power of vision. I am happy to have it in my power to state that her health is now improving—that she has had no paroxysm, of any kind, for several weeks, and the pain in the head is much relieved.

Yours, truly.

L. W. BELDEN.

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*McLane Insane Hospital.*—Dr. Rufus Wyman, who has been identified with this valuable charity since it first went into operation, some sixteen years ago, has recently resigned his situation.



## LECTURES AT THE EYE INFIRMARY.

BY JOHN JEFFRIES, M.D.

In the *Sixteenth Lecture* of the course upon Diseases of the Eye, Dr. Jeffries described some of the diseases of the tunica conjunctiva which are the result of chronic inflammation of that membrane.

The first of these that came under consideration was preternatural elongation of the conjunctiva in the palpebral fissure, which was stated to be most commonly the result of purulent ophthalmia. The characteristic appearances of this fold were described so that it might not be confounded with fungus or granulations of the conjunctiva—these diseases requiring distinct and different treatment. The danger of the occurrence of eutropium, or eversion of the eyelids, from neglect of the disease under consideration, was pointed out, and its treatment by operation was described, with cautions against performing it in such a manner as to lead to ultimate adhesions between the globe and the cut or raw surface of the eyelid, as sometimes happens. The after-treatment, also, has particular reference to this point. Frena, or false membranous bands, naturally claimed the notice of the lecturer, in connection with the last-named subject, and their treatment was described, together with the inseparable difficulties arising from the juxtaposition of the parts.

Before leaving this subject, the pathological character of the membrane lining the anterior hemisphere of the globe, and the internal surface of the eyelids, was commented on. From its disposition to the adhesive inflammation a useful caution was adduced respecting operations upon this part. Fungous growths and excrescences of the conjunctiva were next adverted to, and excision was recommended for their cure. Next, that peculiar state of the conjunctiva, known under the name of pannus, was briefly described.

Particular attention was directed to the consideration of a class of diseases of the eye, which are rendered interesting as much from their comparative infrequency, as from the alarm they excite in the minds of those who are afflicted with them; viz. tumors of the globe. For practical purposes, tumors of the globe, or eyeball, may be divided into the following varieties. 1st. Tumors of the conjunctiva, not connected with any other part. 2d. Tumors of the conjunctiva extending to the cornea. 3d. Tumors on the cornea. 4th. Tumors on the conjunctiva of the globe, extending in depth so as to involve the cellular texture beneath, or such as become attached to the sclerotic coat.

The analogy existing between tumors of the conjunctiva and those arising from mucous surfaces in other parts, was pointed out. Excision was advised as the proper method of cure for tumors of this description. The nature and peculiarities of the other varieties of tumors were successively pointed out, and their treatment, as modified by situation and circumstances, and the mode of operation most appropriate to each, were distinctly described.

The influence of injuries and blows upon the eye, in the production of tumors (sometimes of a malignant character) was noted, and the subject was closed with an account of tumors of the eyelids. A description of encanthis and elongated valvula semilunaris occupied a portion of the hour. The operation to be performed for their removal, in a safe and proper manner, was carefully pointed out.

That very rare and curious disease—conical cornea—received a due share of attention. As regards its formation, or the causes of this change of structure of the cornea, some obscurity is generally acknowledged. The remarkable degree of short-sightedness, which is characteristic of the disease, was explained upon philosophical principles—and hence the benefit afforded to the patient's vision by extraction of the crystalline lens, may be accounted for. The modes of treatment usually adopted were mentioned, and the work of Travers on the eye was referred to.

Ptosis, or falling down of the upper eyelid, came next under discussion. The various causes which may lead to a drooping of the lid—mechanical causes, weakness, or paralysis of the levator palpebræ superioris—were each in turn adverted to. The beneficial results which may accrue from an operation in certain cases were particularly noted. Forceps of a peculiar construction were used in this operation, for which they have been found well adapted.

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*Monomania.*—As many individuals are decidedly insane upon some one subject, it is evident that the moral treatment of mental diseases has not received a proper share of attention from physicians. In no country in the world, however, is insanity more philosophically treated than in this; yet something further is required, in order to realize the advantages accruing from phrenological science.

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*Improved Edition of Good's Study of Medicine.*—Dr. Doane, of New York, a native of Boston, is engaged in preparing a new edition of this work, which is represented, by competent judges, to be an undertaking that will greatly add to his reputation.

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*Medical Lectures in Maine.*—A gentleman, recently from Brunswick, says that the medical lectures there have just closed. The term has been an unusually pleasant one. Not far from one hundred students have attended, the present season—a number having joined the class after the catalogue was published. It is high time some permanent appointments were made to certain vacant professorships. For one or two years, the chair of Theory and Practice has been filled temporarily, though satisfactorily; and as it regards the anatomical theatre, we hope it will not go a-begging. A permanent faculty would give more character to the institution, already one of the best in this part of the Union. There is not a better field for an accomplished surgeon in all New England, than at Brunswick, provided he were connected with the College.

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*Boyer's Surgery.*—Dr. Francis A. Willard, of Charlestown, Mass. is translating Baron Boyer's great System of Surgery. It is embraced in thirteen octavo volumes, averaging five hundred and fifty pages each—one half of which is completed, and now ready for the press. Dr. Willard is distinguished for his industry and critical knowledge of the French language.

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*Private Medical Instruction.*—Two of the best private schools for medical instruction, to which pupils can with confidence be recommended,

in this neighborhood, are those conducted, the one by Dr. Channing and his talented associates, and the other by Dr. Hale, in conjunction with gentlemen of acknowledged acquirements. Students registered in either, enjoy alike all the advantages of the Massachusetts General Hospital, a most admirably organized institution. It is understood there is a third, either in Northampton or its vicinity.

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*U. S. Marine Hospital, Chelsea.*—By an advertisement in this number of the Journal, it will be noticed that our friend Dr. Stedman, surgeon of the above-named hospital, which affords uncommon advantages for clinical instruction, receives students at a price so low, that even poverty is no obstacle to their studies. From a personal acquaintance with Dr. S., and a knowledge of the advantages to be derived from his instructions, we assure those who may be induced to enter their names, that they will fully realize the benefits set forth in the circular.

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*Tracheotomy.*—The following very extraordinary case was reported at a recent meeting of the Academie Royale de Médecine. A young woman, aged 22, who had been cured of extensive syphilitic ulcers of the thorax by the ordinary means, experienced a total loss of voice, and so much difficulty of breathing, that the operation of laryngotomy was resorted to as the only means of affording relief. The division of the crico-thyroid ligament, however, did not give passage to the air, this portion of the larynx being doubtless obliterated by adhesions and false membranes, and it was found necessary to extend the incision downwards, so as to divide several of the cartilaginous rings of the trachea. As soon as this was accomplished, the air passed freely, and respiration was established through the opening. A canula was introduced with the intention of leaving it in the aperture; but as its frequent closure by mucus gave rise to repeated attacks of suffocation, M. Regnoli resolved to excise several rings of the trachea, in order to establish an aperture of sufficient extent to allow of the uninterrupted passage of air, and the free exit of the mucous and purulent secretions. Several fruitless attempts were made to re-establish the natural opening of the larynx, by means of probes passed from the artificial opening upwards. The individual had, nevertheless, survived four years at the period of this report, breathing freely through the artificial passage, which she kept open herself by means of a canula. When she closed the tube, she could make herself understood, a small portion of air finding its way into the mouth, through the larynx, which was probably not completely obliterated.—*Révue Médicale*, Oct. 1834.—*N. Amer. Ar.*

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*Curious Effects of Morphia.*—Dr. Bellingeri quotes a case of violent and obstinate hiccup, wherein acetate of morphia was used by sprinkling on a blister raised over the epigastrium. It produced a sensation of compression of the back part of the head: the patient could neither move nor speak: he had lost all sensation: both epididymes tumefied. In the course of an hour these symptoms disappeared, and were replaced by a general and intolerable itching, particularly of the forehead, nose, chin, and scrotum; at length, after two hours, the itching ceased, and the hiccup was found to be cured.—*Lon. Med. and Surg. Journ.*—*Ibid.*

**Entozoa in the Eye.**—In a memoir recently published by Dr. Anton Gescheidt, on this subject, we find an enumeration of the following species, which he has found in the human eye: 1. Four fragments of *Distoma oculi humani*, in the eye of a child, aged five months, which died of tabes mesenterica, and was affected with a capsulo-lenticular cataract. 2. Three fragments of *filaria oculi humani*, in the cataractous lens of an old man, aged 61. 3. An echinococcus hominis, between the lens and choroid coat of the eye of one of the pupils of the institution for the blind, who died of phthisis, aged 24. Other cases are reported, in which entozoa were found in the eye of dogs, a hog, and in the falco lagophus.

Hecker's Wiss.—Ibid.

**Legislation upon Thomsonism.**—A continual press of matter, having priority, has prevented the insertion, this week, of Dr. Williams's masterly exposition, in the Maryland House of Delegates, of the real object and ridiculous pretensions of that most potent of all homebred quackery—Thomsonism. In the next Journal, it will have precedence.

Whole number of deaths in Boston for the week ending April 25, 23. Males, 11—Females, 12. Of consumption, 5—debility, 1—ossification of the heart, 1—canker, 2—canker in the bowels, 1—fits, 2—scarlet fever, 2—infantile, 3—mortification, 1—inflammation of the bowels, 2—hooping cough, 1—bursting bloodvessel, 1—lung fever, 1.

## ADVERTISEMENTS.

### MEDICAL AND SURGICAL EDUCATION.

THE subscriber continues to receive medical pupils at the United States Marine Hospital, Chelsea, and to offer them the following advantages.

The institution at present contains seventy beds: all of which are occupied during the autumn and winter by the subjects, both of medical and surgical treatment. The number of patients in the spring and summer is rather less. The average number daily, throughout the last year, was between fifty-five and sixty. The number is annually increasing. A greater variety of diseases is thus presented, than is to be found in those hospitals exclusively appropriated to the poor of any city.

The students have unrestrained access to these cases during all hours: as also to the extensive apothecary shop connected with the establishment.

A valuable medical library is offered for their use.

Facilities for the cultivation of demonstrative anatomy, are afforded through the winter.

The students are provided with a suitable apartment in the hospital, which is furnished with fuel and lights, without charge.

Fees, \$50 a year.

Board may be procured in the vicinity of the hospital, at from \$2.50 to \$3.00 per week.

Boston, April 21, 1835.

(April 29.—3t.)

C. H. STEDMAN.

### MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of MEDICAL INSTRUCTION, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive Clinical Lectures on the cases which they witness there.

Instruction, by examination or lectures, will be given in the intervals of the Public Lectures of the University.

On Midwifery, and the Diseases of Women and Children, and on Chemistry	By Dr. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica	By Dr. WARE.
On the Principles and Practice of Surgery	By Dr. OTIS.
On Anatomy, Human and Comparative	By Dr. LEWIS.

For the greater accommodation of the Class, a room is provided in the house of one of the instructors, having in it a large library, and furnished with lights and fuel, without charge to the students.

The Fees will be, for one year, \$100. Six months, \$50. Three months, \$25.

The Fees are to be paid in advance. No credit will be given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. WALTER CHANNING, Tremont Street, opposite the Tremont House, Boston.

WALTER CHANNING,  
JOHN WARE,  
GEORGE W. OTIS, JR.,  
WINSLOW LEWIS, JR.

Boston, April 1, 1835.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by Dr. CLAPP, JR., at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, post-paid. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy, gratis.—Postage the same as for a newspaper.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. XII.]

WEDNESDAY, MAY 6, 1835.

[NO. 13.]

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## ON ABNORMAL SOUNDS IN DIFFERENT PARTS OF THE HUMAN BODY.

FROM RECENT LECTURES BY F. MAGENDIE.

[See page 186.]

THE sounds which emanate from the lungs, both in health and disease, afford, I say, a most important subject of meditation for the physician, chiefly because they are united in the most close and palpable connection with the healthy or pathological conditions of the organ producing them, and, of necessity, in the same proportion connected with the practice of medicine.

The bruits resulting from the passage of air through the organs contained in the cavity of the chest, are in one respect peculiarly worthy of our attention and strict analysis, because the chest, meaning of course thereby the cavity, its contents, the trachea, and larynx, is a perfect musical instrument, suited, in an admirable manner, for the propagation of sound from the interior to the exterior; indeed, I have no doubt whatever, but that by following up or developing the combination of conditions presented by the chest, we might be able to produce a musical instrument, after its model, of the most perfect kind, in the same way as certain optical instruments are said to have been formed after the model of the human eye; but the subject has never been studied in this point of view.

It is scarcely necessary for me to repeat the convincing arguments we have already advanced to prove that in this part of the body, above all others, the development of sound is merely the result of certain physical conditions which a little attention enables us to seize with facility: let us bestow a few moments on the reconsideration of this part of our subject; it will render the comprehension of what I have to say afterwards upon the pathological sounds of the chest, much more easy.

If we examine the chest as a musical instrument, we shall see that the sonorous part is composed of an elastic tube, which for a short way continues its course undivided, but soon breaks up into a multitude of other tubes, dividing and subdividing infinitely until the whole cavity of the chest is filled as it were with the aggregate of those sonorous conduits; the trachea thus fills the office of what is called the *portevent* in instruments à anche, for I regard the analogy between the organ of the human voice and instruments à anche, or organ instruments, as most strict and well demonstrated. I cannot agree with my learned confrere and friend, M. Savart, who proposes to compare the organ of the voice to the little whistle (*sifflet*) which hunters use when they desire to imitate the voice of certain birds, and which is composed of a little hemispherical base, a

few lines in diameter, and pierced on either side by two narrow slits, through which the air is made to pass.

The facts advanced by M. Savart are most ingenious, but I cannot agree with him in comparing the larynx to a bird-call (*reclame*) ; on the contrary, the analogy, or, more properly speaking, the resemblance, between the human organ of voice, taken in its whole extent, and instruments à anche, appears to me most evident. Thus I regard the human voice as composed of four distinct parts : and remark how closely the uses of these several parts correspond with those of an instrument à anche. The first is the reservoir of air, formed by the pulmonary vesicles and branches of the tracheal artery. Here it is important to notice how the air in the reservoir is not contained (as is the case in almost all musical instruments) in a single sac or compartment, but is distributed throughout a multitude of little bags and tubes, where it may acquire various physical properties which no doubt have a considerable influence in modifying the quality of the sounds produced. Thus it is not a pure cold air, varying in temperature, &c. as in the reservoir of an organ, for example ; on the contrary the temperature of the reservoir in the human instrument is always fixed ; moreover the air is charged with a certain quantity of humidity resulting from the pulmonary transpiration, and is mixed with a proportion of carbonic acid gas. These peculiarities contribute to give it a great advantage over other instruments of a similar nature.

The reservoir of air in the human organ has also the advantage of being elastic in different ways, another property that modifies its action in a very remarkable manner. The chest, as I have before told you, is composed in great part of elastic tissues ; of curved elastic bones, cartilages, and ligaments, which all concur together in the act of expiration, and, consequently, in the formation of sounds. Besides the parts actually entering into the composition of the chest, we have, below, the diaphragm and abdominal muscles acting with considerable energy, so as to attract or expel the air.

In some of my former lectures I spoke to you at length of the innate elasticity of the lung, and of the various important results derived from that physical condition ; I should now like to consider the elasticity of that organ quite in a different point of view. Let us begin by once more demonstrating this elasticity in the lung, totally separated from all other influences ; here is one which has been removed from the body ; the larynx and trachea remain attached to it ; I now inflate the organ through the trachea ; you see how it is more than doubled in size. When we permit an exit to the air, the lung recovers its original dimensions. Here, Gentlemen, you see an incontestable proof of the elasticity of the lung, for no other influence could have expelled the large quantity of air which we introduced ; you can also, I should think, easily conceive how the current of air passing through a vast number of tubes of different calibres, tubes decreasing infinitely in size, and subdividing at various angles,—you can understand, I say, how the body of air must rub against the parietes of the tubes through which it passes, and thus give rise to the development of sound.

This is actually the case ; in the living body, if you apply your ear

close to the parietes of the chest, you hear most distinctly the respiratory bruit, or, in other words, the sound resulting from the friction of the air against the pulmonary vesicles ; even in the naked lung you can hear the sound of which we speak, though not so well or distinctly, because the lung requires to be covered with the parietes of the thorax, in the same way that certain musical instruments become indistinct, unless their covers be attached to them : however, when I place the end of the stethoscope on the surface of the lung before me, I can make out the respiratory murmur well enough, at each artificial insufflation.

According to the explanation which I have just given to you, the natural respiratory bruit is produced by the friction of the air against the sides of the cells and the extreme bronchial ramifications : hence it follows as a natural consequence, that any affection modifying the condition of those parts, must also modify the nature of the sound resulting from them. Thus, when the cells are obliterated, there should manifestly be an absence of the respiratory murmur, and this experience shows us to be the case. We have every day examples of patients in whom the air is prevented from freely entering and distending the lungs, by various effusions in the cavity of the chest, or by the effect of inflammation which has caused an actual consolidation of the vesicles ; in all these cases we do not hear the bruit respiratoire, but in its place we find a pathological bruit, more or less distinct and loud, the "*soufflet bronchique*," as it is called. This latter must evidently be attributed to the passage of air rubbing against the parietes of a large tube, or one at least possessing certain dimensions. The proof is, we never hear it except in cases where the air is prevented from entering freely into the interior of the pulmonary vesicles ; the cause of this bruit is thus well known, and it is easy to give a physical explanation of it. Indeed, even in the healthy condition of the lungs, we have always a phenomenon somewhat analogous to the one just spoken of. If you take a living animal, or a man, and listen attentively to the passage of the air from the upper part of the lung, or from the larynx into the trachea, you will almost always be able to distinguish a particular sound, quite different from the respiratory murmur : it is a dull heavy sound, and arises from the frottement of the air as it enters the trachea, either at its upper or lower extremity : hence, when much exaggerated, it is called "*soufflet tracheale*."

But let us return to the mechanism of the voice. We have already spoken of the reservoir : the three other parts are the *portevent* ; the *anche* itself ; and the *portevoir*. In every instrument à anche we should distinguish two parts whose uses are quite different ; one is the body, or tube, for the transmission of the air ; the other is the true anche, composed in all cases of elastic plates, capable of vibrating rapidly, and forming a narrow slit through which the air is permitted to pass freely, or is arrested at will ; this is the essence of every anche, and the vibration of the elastic plate or plates (as for example the reed of the clarinet) produces the sound.

In the larynx we find an instrument exactly of this description, and of the most perfect kind ; its mechanism is such that the air may enter freely at one moment, and be suddenly and completely arrested at the next ; various cases of sudden death from interrupted respiration attest this action.

of the larynx ; the form of the glottis and the two elastic folds which circumscribe it on either side, resemble as closely as possible the slit of certain reed instruments ; the aperture of the glottis is capable of being enlarged or diminished in an immense variety of degrees. If you examine the larynx of a living animal during the production of the voice, as I have done, by making an incision between the os hyoides and the thyroid cartilage, you will obtain a perfect idea of the motions of the glottis, and you will, moreover, see how the varied tones of the human voice (for the structure of the larynx in the dog is sufficiently similar to that of the human subject to allow the assertion) are connected with the variations in the extent of the opening and the quantity of the elastic plate which vibrates ; besides, you may prove, by direct experiment, that whenever the muscles which are destined to regulate the motions of the glottis cease to work with proper energy, the voice is lost.

The human voice, then, is certainly *an anche*, but one infinitely superior to any that the art of man has, or probably ever will produce ; for the essential part of the instrument is composed of a double elastic plate, vibrating under a thousand changes, and capable, in consequence, of giving rise to infinite modifications of sound ; it is produced by a living mechanism, composed of various contractile bands, each one of which is endowed with a range of contractility which no human art can supply, and thus generating a series of changes in the voice, which human art can never imitate. The larynx produces two kinds of sounds ; one is called the voice, the other is merely the result of the passage of air through the glottis, when the elastic plates no longer act ; it is a mere soufflet, but fortunately is capable of supplying the voice, when this latter has been lost. Thus you all know the case of a distinguished professor in the University, who continued to fill his chair to the satisfaction of the pupils, although he had completely lost the voice, properly so called, and nothing remained but a kind of soufflet, from the air passing through an undeviating orifice. On the second sound or "bruit vocal," as physiologists call it, I shall not dwell, because, though presenting many phenomena of the most interesting kind, it is not directly connected with our present subject.

### THE THOMSONIAN NATIONAL INFIRMARY.

EXTRACTS FROM DR. WILLIAMS'S SPEECH IN THE MARYLAND HOUSE OF DELEGATES.

WHAT, sir, is the subject now before this house ? It is a bill to incorporate certain men, their associates and successors, to practise the healing art on the Thomsonian system. Is this, sir, the real subject, or is there not something behind the curtain ? Is this merely intended for the benefit of the few individuals who come here and apply for this act of incorporation, and to be confined within the limits of Baltimore ? Do not these men get paid for their medicine and their services ? I am sure they may sell as much medicine as they choose, and obtain as much as they can sell. This, in my humble opinion, is not the principal object. It is, sir, to obtain legislative sanction, to obtain a character, for their



system. And what, sir, will be the consequence of passing this bill? This legislature will have said, virtually, to the citizens of this State, and to the world, we have examined this subject, and have compared this Thomsonian system with that which is denominated the regular scientific system, to practise which, it is required by the laws of this State that all practitioners shall have pursued a certain course of preparatory studies, and have obtained from competent judges such testimonials of their acquirements and qualifications as will afford some security to community against imposition; and having thus examined and compared these systems, we are prepared to say that the Thomsonian system is a distinct and perfect one, adequate to meet all the varied indications of disease, and worthy your confidence and patronage. Sir, under the influence of this legislative recommendation, which will be trumpeted forth to the world as such, and, deluded by the boasting and specious but false pretensions of this system, hundreds of our virtuous and really well disposed citizens will be induced to leave those peaceful and innocent employments which they are now pursuing, and to which they are better fitted both by nature and education, to enter upon the practice of the healing art. And, sir, not only these, but numbers who care not what they do, whether evil or good, for gain; men destitute of intelligence, good sense, or moral worth, who can raise twenty dollars for a Thomsonian book, which is really all that is necessary to qualify them, will take advantage of that credulity and misplaced confidence on the part of a large portion of our citizens, which our legislative proceedings will have produced, and which will preëminently fit them for that awful experiment which will certainly be made. Pass this law, or any such law, and you may pass such a one for every county in the State; for what reason or justice would there be in denying these inestimable advantages to some which have been extended to others? Now, sir, what is this system for which we are called upon to say so much, to recommend so strongly? Is it worthy of such commendation? How many of us know anything about it, either practically or theoretically? \* \* \*

Sir, I shall not attempt to expose all the errors, inconsistencies and preposterous absurdities of this pretended system, for several reasons. One is they are entirely too numerous, and the time of this house is too precious to be thus wasted; another is, as a system, whatever claims some of the remedies used may possess, it is too contemptible to require a general, or to be honored with a grave and serious refutation. But for the information of this house I will notice some of its principles and practice, and expose some of its errors and absurdities.

It professes to be founded on these assumed facts. First, that the human body is composed of four elements, earth, water, fire and air; that earth and water form the solids, and fire and air give life and motion. Second, that heat is life and cold is death. Third, that all constitutions are the same and all diseases are the same. Fourth, that cold produces all diseases. Fifth, that obstruction produces all diseases. Sixth, that all diseases are to be cured by the same remedy. Seventh, that fever is a friend of the human system and not an enemy. I am well aware, sir, how difficult it is to present these errors, inconsistencies, and absurdities in their true light, even before this intelligent assembly. I know that

there are but few of us who have directed our minds to the investigation of the subject under consideration, who are acquainted with all those established facts, and possess that information, which would at once render these errors, inconsistencies and absurdities apparent. I am well aware that the very name and pretension to simplicity, possesses a talismanic charm, which philosophy and logic do not possess over the minds and opinions of those who cannot understand. To attempt to show the absurdities of this system by logical reasoning, would be in many cases to offer an insult to human understanding and intelligence. As to the first fact or assumption, every intelligent or scientific individual knows that instead of the human body being composed of four elements, the analyzing hand of science has proved to the world that it is composed of almost four times four elements ; that some of those which were once believed elementary principles are compounds, and that others are only the phenomena of matter, or the mere result of life and organization. As to the discovery that heat is life and cold death, the proposition of itself is absurd. If it be meant that heat is the primary cause of life, and if this be so, it is only necessary, to preserve health and protract human existence to an indefinite length, to confine man in a warm and well regulated temperature and give him number six or red pepper. That cold produces all diseases, is another fundamental principle of this system. Cold, undoubtedly, is a very fruitful source of disease, but it is not the universal cause. Heat also produces disease of the most threatening character ; and I have no doubt, sir, that I can kill a patient with heat or steam as soon as a Thomsonian could destroy him with cold or freeze him to death. It is also stated that obstructions occasion disease. This is not unfrequently the case. But I should rather think disease is more frequently the cause of obstructions. Every organ in the human body has a function or duty to perform, and as every organ is subject to disease, when an organ is in a state of disease no rational being can suppose that its ordinary function will not be suspended or imperfectly performed. Sir, the exciting and predisposing causes of disease are too numerous to be here detailed. Every physical agent which operates upon us, as well as numerous others, as the causes of smallpox and cholera, the intimate nature of which are inscrutable, and which we only know by their melancholy effects, produce disease. And, sir, the cause of disease may exist in the human system itself from constitutional defects, and thus the germs of disease are often planted before the first breath of life is drawn. A blow on the head, or the long-continued influence of the rays of the sun, may and will produce an inflammation of the brain. Send for the Thomsonian, he tells you your disease is produced by cold, and, in the delirium occasioned by a violent inflammation, may give you a puke and steam you to expel the cold. Or suppose you have taken powdered glass, or any other agent which from its physical or chemical qualities has occasioned a violent inflammation of the inner coats of the stomach, and what is the remedy ? Why, you are stuffed with cayenne pepper, steamed, and puked to dislodge imaginary canker and cold. This system tells us that all constitutions are the same, and that all diseases are to be cured by the same remedy, and that fever is a friend of the human system, and not an enemy, and, of course, should be

promoted or encouraged, instead of resisted or opposed. That all constitutions are the same, is what no intelligent being can for one moment believe. Sir, human constitutions are as various as human forms and dispositions, and liable to as great a variety of diseases, and require a treatment equally as various. This doctrine of fevers, like many other things in this system, is not new. It prevailed in the very infancy of the medical science, and gave rise to a practice similar to this, and which in many diseases produced the most fatal consequences. The influence of this erroneous theory and similar practices were peculiarly evident in the smallpox ; under a highly stimulating treatment scarcely one half of those who were attacked were saved. But what is the result of the present systematic plan of cure ? Sir, it has been met by science and philosophy, and not one case in ten on an average is now lost. Thus we see, sir, that the very foundation is false, contrary to established facts, and preposterously absurd. What are we to expect of the superstructure ?

Now, sir, let us notice the *materia medica* of this system, or the remediate agents used under those monstrous views of human organization and disease which we have exposed. The principal are, lobelia or Indian tobacco, which is an emetic, and, sir, I have no doubt, a very valuable remedy properly used, and which is or may be in the hands of every physician ; steaming, which, it is well known, is not new, it having been used in domestic practice from the earliest periods, is common to barbarian nations, was found in use among the aborigines of our own country, and, of course, does not exclusively belong to the Thomsonian system ; the bark of the root of bay or myrtle bush, the hemlock bark, white pond lily, peach kernels, raspberry leaf tea, and a few other common, domestic, old woman remedies, the most of which are and have been in use where Thomson's book was never seen ; with cayenne pepper, which, by the by, sir, is the most important remedy of the whole, and enters largely into most of those famous numbers—one, two, three, four, five and six, as well as into almost every prescription.

Then, sir, the principles which we have noticed, the monstrous notions of disease, and these remediate agents, with slander, foul abuse, and misrepresentations of regularly educated physicians and their system, illogical and nonsensical reasoning and preposterous absurdities, mingled with sentiments of atheism and blasphemy, an attack upon the sacred priesthood and religion, and a foul reflection on the female character, which alone would entitle the author to the universal contempt of mankind, constitute this much famed system.

Now, sir, let us see what is the nature of, and what constitutes the regular scientific system of medicine. Sir, it is but the recorded experience of all those who, in every age, have devoted their time and talents to the study and observation of diseases and their cure. It embraces an intimate acquaintance with, or knowledge of, the anatomy of the human system—all the organs which compose it, their connections and relations to each other, their various functions, the laws which govern or regulate their action in health and disease, and the symptoms which denote the diseased condition of each of those organs, so far as has been ascertained ; the history of every disease which is known, their particular symptoms, their origin or cause, their treatment ; the success of the plans or means

which have been used for their cure, with the views of those who gave their history, and the history of all the remediate agents which have ever been known,—no matter where produced or found, whether in the fertile regions of Asia, the highly cultivated soil of civilized Europe, or in the wilderness of our own America—no matter where applied, whether in the gaudy chambers of royalty, or the humble cottage of the peasant—no matter by whom discovered and used, whether by the ignorant, daring, and desperate quack, or by the intelligent, cautious, and conscientious physician. This, sir, constitutes the scientific system of medicine. It is based and founded on established facts, philosophy, and experience. It has been cultivated, and is still cultivated, by such men as Hippocrates, Galen, Hervey, Sydenham, Cullen, Hunter, Bell, Broussais, Laennec, Baudelocque, and our own immortal Rush and Physick, men who have been and are still to be found, in every department of life, whether civil, political, or religious, devoted to the best interests of mankind, studious to better the condition and to promote the happiness of their fellow men, at once among the most useful members and brightest ornaments of society. Sir, it is as wide as the whole range of human knowledge and human experience. It embraces all that is known, or ever has been known, of diseases. It includes in its expanded arms every remedy, whether of the animal, mineral, or vegetable kingdom, that a beneficent Providence has been pleased to bestow on the world, and which experience has proved capable of relieving disease, or mitigating the sufferings of mankind. This, I contend, is the only rational system of medicine.

Now, then, compare this system, founded on established facts, philosophic research, and the experience of five thousand years—each successive generation improving on the attainments of the past, cultivated by men of the brightest genius, most brilliant talents and of moral worth, and conscious of the high responsibilities under which they acted—with the erroneously predicated, absurdly sustained, imperfect system of Thomson ; originating with, and perfected by, one obscure individual, who knew nothing of the organization of the human body, who never saw one half of the diseases which afflict our race, or one tenth of the remediate agents which have been found successful in the relief and cure of disease—and decide between them. \* \* \* \* \*

Sir, it has been attempted to repel the imputation of quackery and empiricism contained in the report. I think I have proved to the satisfaction of every individual in this house, and if I have not, I here assert, on the responsibility of a member of this house, and on my own responsibility as a member of society, without the fear of successful contradiction, that this system is a boastful pretension to what it does not possess, that it affects to teach what its author never understood, and is calculated, under the specious pretension of simplicity and unerring certainty, to impose on a large portion of mankind. And if this does not stamp it with the character of quackery, the common acceptance of the word is incorrect. And, sir, if the entire independence and ignorance of, and contempt for, all past experience, in an author, and the establishment of a system upon his own limited experience, and by mad experiments, entitle it to the character of empirical, this pretended system richly merits

it, and I humbly conceive no one can successfully dispute its claims. It is said that very intelligent and correct men approve of this system, subscribe to it and practise it; and that the terms quacks and empirics are applied harshly to them. Sir, there is no one less disposed than I am to cast reflections and imputations upon, or wound the feelings of individuals; but if they will connect themselves with, and stand forth to support this system, they are liable to the same imputations to which the system itself is obnoxious. It is also said that learned physicians sanction and approve the Thomsonian system, and have decided in its favor. Sir, that any intelligent physician or scientific man that is perfectly sane—however willing he may be to acknowledge that some of the remedies used, and some of the means employed, are valuable, and may in many cases be successfully applied, which I do not deny—can recognize this as a new and distinct system of medicine, perfect in itself, and capable, as it professes to be, of answering all the various indications of disease, and sanction its principles, its falsehoods, abuses and absurdities, I hold to be utterly impossible.

Sir, tell me of the man who is acquainted with the advantages of civilized life, who has felt the genial influence of the light of science, and tasted the pleasures of truly refined society, preferring the destitute, barbarous, and benighted condition of the Hottentot, or of a native of some of the South Sea islands; tell me of the skilful and experienced mariner, who has often seen the ocean wrought into mountain waves by the tyrant storm, and who knows that dangerous shoals and rocks lay hid beneath its surge, throwing away his compass, his quadrant, and his chart, and committing himself to the mercy of the waves and the winds, without a landmark or a beacon to guide his course towards the destined port, over the trackless sea,—but tell me not of any learned physician recommending this monstrous system to the world.

Mr. Speaker, this system professes to be perfectly simple and intelligible to all, to be reduced to the comprehension of the most humble intellect—and all, sir, I would ask, is, for it to be placed in the hands of the public. I feel no doubt that there is sufficient intelligence in this house, if it can be brought to bear on the subject, to compare this system with reason, established facts and experience, and to reject it, as false in its promises, setting up claims and pretensions which cannot be sustained, and, from obvious imperfections, slander, abuse, and indecencies, utterly disgusting.

Sir, in order to give this house some notion of the nature of this system, and the mind and principles of the author, I beg the indulgence of this house to read some extracts from this celebrated work. Sir, I am going to read some of the commencement of his treatise on obstetrics, one of the most important branches of medical science, on a proper knowledge of which not unfrequently the lives of mother and child depend. Thomson says:—"This is a very difficult subject to write upon, as I know of no words that would be proper to make use of to convey the necessary information to enable a person to practise with safety."

And this acknowledgment is true—his system proves in this, as in all other branches, that the author was destitute, utterly destitute of know-

ledge, as well as words, to teach what he professes to understand. A little further on in this treatise, he says :—

“ All the valuable instruction I ever received was from a woman in the town where I lived, who had practised as a midwife for twenty years ; she gave me more useful instruction in an interview of about twenty minutes, than all I ever gained from any other source.”

Now, sir, I ask, what are we to think of a system founded alone on rash and reckless experiment, by a man who acknowledges himself indebted to such a source for all the valuable information he possesses on a subject in which is involved human life and happiness. \* \* \*

Now, Mr. Speaker, in conclusion, I ask the members of this house, this grave and intelligent assembly, whether they are prepared by any act of legislative sanction, to recommend to their fellow citizens and the world, this pretended system of medicine, with all its boasting pretensions, its imperfections and preposterous absurdities, and all its abuse and vile slander, intended to prejudice the mind of the people against the regularly educated physicians, and which I do contend is as much a part of this system, as steaming and red pepper.

Sir, are we prepared to pronounce the experience of all those who have devoted their lives and talents to the study and practice of medicine, for the last five thousand years, under a deep sense of the responsibility under which they acted, entirely worthless ? Are we prepared to usher a host of ignorant, boasting pretenders upon community, without the guarantee that they know even a part of that imperfect system which they pretend to practise, utterly ignorant of the human system and the diseases which affect it, and destitute of every qualification but the proof of having paid twenty dollars for a Thomsonian book ?

Sir, let us pass this bill or any similar one, and we do all this. I am now willing to submit this subject to the intelligence, justice and humanity of this grave assembly, and take my seat.

#### A CASE OF CROUP.

BY F. A. WILLARD, M. D.

[Communicated for the Boston Medical and Surgical Journal.]

IN communicating to my professional brethren, through the medium of your excellent Journal, the following case of croup, my only object is, to endeavor to draw their attention to a disease, which, after having advanced to a certain stage, is perhaps as little under the control of medicine as tubercular phthisis, and seems to be nearly as great a scourge to children in northern climates as the other is to adolescents.

I was called, March 15th, to visit T—— C——, a boy three years old, who had been remarkably healthy up to the time of his present indisposition. I found him laboring under the following symptoms ;—pulse one hundred and thirty, hard, full, quick, and rebounding ; breathing laborious, suffocative, and performed with a kind of hissing noise ; voice shrill, as if the sound passed through a brazen tube ; cough short, dry, and hard ; tongue red, swollen and indented ; skin hot and dry, except

the head and face, which were covered with perspiration from the violence of the struggle ; lips and cheeks alternately pale and red ; laying upon his back ; neck considerably engorged ; head thrown back so as to keep the trachea upon the stretch ; eyes protuberant ; countenance exhibiting great distress ; at times delirious. The above symptoms would seem to announce to the most superficial observer an aggravated case of the croup.

Having only a week previously, lost a patient laboring under similar symptoms and a similar disease, and having gone through the routine of remedies usually applied on such occasions, without any other result than that of relieving for the moment the most urgent symptoms, and perhaps delaying for a short time the fatal termination, I resolved, on being called to this patient, to deviate somewhat from the beaten track, and to follow up a more energetic and persevering course of treatment ; and although the little sufferer finally sunk under the disease, yet it will appear that this result was delayed nine days ; and may we not hope, that, by careful and reiterated observation, we may be able to discover some remedy for a disease which has been, and still is, as much an *opprobrium medicinae* as any other to which human nature is heir to ?

Sunday, March 15th, at five o'clock, P. M. I was called to visit the patient, and found him laboring under the symptoms as stated above. I directed six leeches to be applied to the lower part of the trachea ; five grains of submuriate of mercury to be given once in three hours ; two drops of Scheel's prussic, or hydro-cyanic acid, to be taken once in four hours ; mild mercurial ointment to be rubbed over the groins ; a warm bath once in six hours ; to be kept constantly nauseated, and occasionally vomited by a solution of tartarized antimony.

March 16th.—Passed an exceedingly restless night, but somewhat relieved this morning ; cough humid ; expectorates a small quantity of coagulable lymph, combined with fibrin or mucus ; countenance exhibits great distress ; pulse continues hard and quick ; four more leeches to be applied to the trachea ; hydro-cyanic acid to be continued ; skin hot and dry ; bath as yesterday.

17th.—The antimony and mercury have operated powerfully upon the bowels, the dejections being of a dark green color ; the inflammatory action much diminished ; expectorates more freely ; a blister to be applied over the upper part of the thorax and the lower part of the trachea.

18th.—Passed a more comfortable night ; expectoration increased, and small films, resembling portions of the membrane, coughed up ; cough less, and more full ; the following draught to be given every five hours :

R. Potassæ Nitratis grana quinque.  
Aquæ Menthe pulegii drachmas quatuor.  
Vini Antimonii Tartariz. guttas quinque.  
Tincturæ Digitalis guttas quinque.  
Mucilaginis Acaciæ.  
Syripi Sing. drachmam.

Solution of tartarized antimony to be discontinued ; sinapisms to the feet.

19th.—Much improved ; mercurial setor observable ; submuriate of mercury and mercurial ointment to be discontinued ; expectoration more

mucous, or rather purulent, combined with scarcely any fibrin or coagulable lymph; pulse ninety-eight, full and soft; desires food.

20th.—Sitting up in bed; slept during half of the night; expectoration copious; skin moist; the engorgement and fulness of the neck have entirely disappeared; respiration free from that peculiar hissing which I believe is always observable in the acute inflammatory stage of this disease; mouth sore from the influence of the mercury; desires food, is allowed thin arrow root, and gruel; much debilitated.

21st.—Slept well; coughs occasionally, and expectorates freely large quantities of thick mucus; is clamorous for more food; warm bath discontinued; skin moist and cool; pulse eighty-nine; the draught discontinued, as was also the hydro-cyanic acid yesterday; much annoyed by the blister. The little patient now appears to be convalescent, and there seems to be nothing remaining of the disease but debility.

22d.—The patient much emaciated, considering the time he has been ill; appetite large; tongue slightly coated in the centre; pulse eighty, soft, and small; a small quantity of æther to be given once in four hours, and the arrow root continued.

23d.—This forenoon, at eleven o'clock, I was sent for in haste, to see the patient, and found him *in articulo mortis*; upon his back; face and lips pale and livid; insensible to surrounding objects; cough short, quick, and suffocative, and these symptoms continued to increase in severity until one o'clock, when he died.

On interrogating the mother, I learned that the patient slept well during the night; that at six o'clock she arose and washed the child's neck and face with cold water; that at about seven, the child was seized with horripilations, soon became "stuffed up," skin became hot, the respiration impeded, and all these symptoms augmented in severity until his death.

I have thus, Mr. Editor, stated, in as condensed a form as I was able, the symptoms and treatment of the disease, and which were noted down in my case book at the bedside of the patient.

Although I am very well aware that it is not customary to record in our journals unfavorable cases, yet it appears to me that where there is in them anything that is novel, they should be unhesitatingly and ingenuously made known.

Charlestown, April 27, 1835.

#### CHRONIC APHTHÆ.

. To the Editor, of the Boston Medical and Surgical Journal.

SIR,—On page 420, Vol. XI. of your practical Journal, is a notice of the effects of *Secale Cornutum*, by Dr. Jonathan Swett. He ascribes a disease called Chronic Aphthæ to its administration. I have seen a similar affection to the one described, in cases where no ergot had ever been exhibited. I would therefore respectfully inquire of Dr. S. if he can throw more light on so important a subject. I should be pleased to see a full account from him of the disease in question, and also the proper treatment. I should be pleased, also, to see from any of your corres-



ponents a full account, in a practical form, of chronic aphthæ, aphthous diarrhœa, its pathology, diagnosis, prognosis and treatment.

I should likewise be pleased to see dissertations on inveterate dyspepsia.

Respectfully yours.

W. A. GILLESPIE.

*Louisa Co., Va., April 18th, 1835.*

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## BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, MAY 6, 1835.

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### EFFLUVIUM FROM DEAD ANIMAL MATTER.

A TRIAL has recently taken place before the Mayor and Magistrates of the city of Norwich, England, involving a question which has been much disputed both in Europe and this country, and which has received some attention in former volumes of this Journal—viz. whether *decomposed animal matter* is prejudicial to health. The trial was for a nuisance alleged to arise from the burning of bones on the premises of the defendant, who was a comb-maker and bone-merchant, and is principally interesting from the diversity of opinion which was elicited in regard to the subject referred to, both from members of the profession and other witnesses. Of the non-medical witnesses for the prosecution, who resided in the neighborhood, one deposed that he was obliged to have his doors shut to keep out the "horrid stench," and that his wife was ill during nearly the whole of the two years of her residence there; another, that he with his family removed from the neighborhood on account of "the nauseous sickness which they experienced from the bone-yard;" and seven others to the same effect. Of those for the defence, one said that "he liked the smell *very well*, and that it did not incommode him,—it was something like pea-soup in summer;" another, that the smell was no nuisance to him—it was not pleasant, but he did not mind it; the testimony of others was similar.

The medical evidence was quite as contradictory as the preceding. Mr. Hall, surgeon, considered the smell arising from putrid flesh and bones, and from the boiling of them, to be *very unwholesome*. It was likely to produce an affection in the bowels. He attended Mrs. Harmer, who was very feeble while she resided in the neighborhood, but had been better since she left the house. Such smells would be injurious to persons in her state. Decomposed animal matter was, in his opinion, more injurious than vegetable matter.

Mr. Johnson, surgeon, also considered the smell from putrid bones *very injurious*, especially in consumptive cases, and rendering persons more liable to attacks of contagious diseases.

Dr. Ash considered the effluvia of putrid bones *decidedly injurious to the public health*. He never heard a doubt on the matter from any one who had not a pecuniary interest in denying it.

Mr. Gowing, surgeon, believed such smells *injurious to health*; they predisposed to disease, by destroying the digestive functions.

Mr. Nichols, surgeon, for the defence, deposed that the defendant's trade was *not*, in his judgment, *at all prejudicial to health*. The effluvia would at first produce disorder of the digestive functions; but the contin-

ual exposure to it was rather conducive to health than otherwise. The decomposition of vegetable, was worse than that of animal matter, because the latter emits a greater quantity of ammonia, which is rather *beneficial to health than otherwise*. His opinion was in accordance with the *best* works on the subject, and the opinion of the *best* medical practitioners.

Mr. Stark, chemist, said that his opinion was that all persons breathing the effluvium from animal decomposition were *exempt from epidemical diseases*, and not so liable to infectious or contagious diseases as others. During the rage of the cholera here, as well as in London, and, he believed, everywhere else, not a single butcher, or other person constantly in animal effluvia, was attacked. Of 320 persons sent to the Leeds Fever Hospital in 1821, not one belonged to any of these trades.

The report of the speeches of the counsel does not show that they contained any references to medical opinions, and the jury, after some deliberation, returned a verdict of "not guilty of a public nuisance."

The subject of animal and vegetable effluvia is a deeply interesting and important one to all classes of the community, especially to the inhabitants of our large cities. The contradictory opinions above recorded will, we trust, have a tendency to draw the attention of physicians to a question so unsettled as this, and induce more thorough investigations.

It will be fresh in the recollection of our town readers, that the city of Boston was indicted in 1832, for an alleged nuisance, in allowing an accumulation of offals from yards near the public stables, and were compelled by a course of law to empty the city carts, in future, out of the precincts of the city. By contract, the offals were then delivered on the premises of a man in Roxbury, who fed a vast number of hogs. The selectmen of that town made an objection to receiving within their boundaries anything which had been declared by the physicians prejudicial to the public health of Boston, and hence that depôt was necessarily abandoned, and the whole is now carried to West Cambridge. In the mean time we have no recollection that any individual was positively made sick in consequence of its presence.

Medical men among us have usually regarded putrid animal remains with less fear than vegetable matter in a state of decomposition. Many cases might be cited to show that alarming diseases have been produced by both; and as many more, exhibiting, in the clearest manner, that no bad results were produced by exposure to either, even when the weather was most favorable for disengaging those noxious gases the most intolerable to the olfactory organs.

To sum up the whole, however, we are inclined to the opinion that neither vegetable nor animal matter should be permitted to accumulate in the neighborhood of a dense population, because all experience proves that under a combination of circumstances poorly understood even by chemists, the atmosphere is sometimes suddenly poisoned by their fetid exhalations, and the vital energies of the strongest man are prostrated by their secret, irresistible power.

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*Hospital for patients suffering from the Stone.*—It is somewhat singular that a hospital should have been in existence two whole years, in London, for the reception of this particular class of sufferers, and yet we know nothing about its internal police or external management, till within a few weeks—when it is announced that the loss is, on an average, one case in four. M. Castello, formerly a co-partner with M. Civiale,

is at the head of the establishment. In the London hospitals, the annual number of operations for the stone amounts to forty-seven; and in all England and Wales to about sixty-seven. In a population of twelve millions, the average yearly cuttings for stone is one hundred and eleven—being in the ratio of one case, only, for every one hundred and eight thousand persons.

*Medical Moonshine.*—The Parisian disciples of Hahneman, universally known as homœopaths, on the 27th of January last applied to the Minister of Public Instruction, requesting authority to establish a dispensary, and afterwards a hospital, provided they could obtain the wherewithal to treat the sick upon true principles—as, for example, giving one drop of water from a hog'shead in which the millionth part of a grain of ipecac had been steeping. The minister consulted the Academy, who chose a committee to answer the question—Shall it be approbated? We shall give the result as soon as it comes to hand. The founder of this absurdity of all absurdities, the ever-to-be-remembered Dr. Hahneman, at the advanced age of eighty-four, was married, on the first week of February last, to a young French woman.

*Arsenic.*—Dr. Strohmayer, in his *Medicinische Praktische*, relates, in exemplification of the extent to which the system may become accustomed to the operation of arsenic, that a peasant, who resided near a convent in the Tyrol, for a long time took ten grains of arsenic daily with his food. The inmates of the convent fully testify the truth of this statement.

*A Caution to Practitioners.*—Dr. Thomson, an English physician, very justly lays down the following rules, regarding professional intercourse with smallpox patients. In all cases of infectious diseases, the physician should examine the sick person, standing on the windward side of the bed, and wash his hands as soon as possible after the visit.

*Good Health.*—If ever there was a period of universal good health, in New England, this is the time. No epidemic is known to exist; the bills of mortality have been unusually small, and physicians, though nearly out of employment, cordially unite in the general expression of thankfulness to a kind Providence.

*Cæsarean Operation.*—The Norfolk Beacon states that the delicate and often fatal Cæsarean operation has recently been performed by Professor Gibson with perfect success, being the first time, the Beacon intimates, that the operation has ever proved successful in this country. Thirty days had elapsed at the date of the notice in the Beacon, and both mother and child were doing extremely well. A full report of the case will be prepared for the Medico-Chirurgical Review.

**TO CORRESPONDENTS.**—Medical Reflections, No. 4—Remedies for obstinate Hiccough, from two correspondents—and Remarks upon the Deaf and Dumb, are unavoidably deferred another week.

Whole number of deaths in Boston for the week ending May 2, 27. Males, 19—Females, 8.  
Of hooping cough, 1—infantile, 3—lung fever, 4—scrofula, 1—fits, 1—influenza, 1—dropsy on the brain, 1—stoppage in the bowels, 1—unknown, 1—drowned, 1—debility, 1—intemperance, 1—bleeding at the lungs, 2—teething, 1—consumption, 2—scarlet fever, 1—inflammation in the liver, 1—inflammation in the head, 1—insane, 1—dropsy, 1.

## Record of Meteorological Observations for April, 1835.

1835 April	THERMOMETER.			BAROMETER.			Appearance of the Atmosphere	Wind	Rain	Memoranda, &c.
	Min.	Max.	Mean	Min.	Max.	Mean				
Wed. 1	36.50	54.00	45.25	29.60	29.70	29.650	Cirrus	NW		
Thur. 2	38.00	48.00	43.00	29.75	29.80	29.775	Cir. c. strat.	"		S E, a.
Frid. 3	38.00	45.00	41.50	29.80	29.90	29.850	"	N E		Stratus, a.
Satur. 4	37.00	40.00	38.50	29.60	29.85	29.725	"	NW	1.35	Rain, NE and stratus m.
Sun. 5	36.00	36.00	36.75	29.50	29.80	29.650	"	N E	.80	Rain. Th. 37° 50 at 9h a.
Mon. 6	40.00	53.00	46.50	29.38	29.50	29.440	"	S	.02	Rain & hail, a. p.m.
Tues. 7	38.00	51.00	44.50	29.32	29.38	29.350	Cumulus	NW	.08	SE and cir. c. strat. m.
Wed. 8	36.00	54.00	45.00	29.50	29.65	29.575	Cumuli	"		
Thur. 9	42.00	66.00	54.00	29.65	29.75	29.700	"	SW		
Frid. 10	41.00	52.00	46.50	29.90	30.10	30.000	Cirrus	N E		Stratus, m.
Satur. 11	38.50	48.50	43.50	30.15	30.25	30.200	"	S E		Stratus, m.
Sun. 12	35.00	51.00	43.00	30.08	30.23	30.155	"	"		
Mon. 13	40.00	50.00	45.00	29.70	29.93	29.815	Cir. c. strat.	"	.30	Rain, SW, a. ☉ a.
Tues. 14	37.00	43.00	40.00	29.60	29.75	29.650	Cumulus	NW		Afgale
Wed. 15	37.00	48.00	37.50	29.90	29.90	29.900	Cumuli	"		Gale continues
Thur. 16	37.00	33.00	35.00	29.45	29.80	29.625	Cir. c. strat.	N E	.50	Gale. Snow and rain
Frid. 17	30.00	36.00	31.00	29.50	29.85	29.675	Cumulus	NW		Th. 26 at 9h a. Gale con.
Satur. 18	22.00	37.00	29.50	30.05	30.10	30.075	Cumuli	"		Gale continues
Sun. 19	26.00	46.00	36.00	29.85	30.25	30.050	Cir. c. strat.	SW	.05	Rain, a. ☉ a.
Mon. 20	50.00	56.00	53.00	29.35	29.60	29.475	"	"	.10	Rain
Tues. 21	40.00	52.00	46.00	29.70	29.82	29.760	Cirrus	NW		
Wed. 22	41.00	52.00	46.50	29.75	29.80	29.775	Cir. c. strat.	SW	.08	Rain, a.
Thur. 23	38.00	52.50	45.25	29.75	29.90	29.825	Cumulus	NW	.02	Rain, m.
Frid. 24	37.50	50.00	43.75	29.90	30.05	29.975	"	"		
Satur. 25	33.00	35.00	34.00	30.00	30.12	30.060	Cir. c. strat.	S E	.75	Stratus, m. Snow & NE
Sun. 26	32.00	49.00	40.50	30.00	30.00	30.000	"	N E		
Mon. 27	33.00	52.00	42.50	30.02	30.12	30.070	Cirrus	E		SE, m. ☉ a.
Tues. 28	38.00	45.00	42.50	29.15	29.60	29.375	Cir. c. strat.	N E	.45	Rain, m. SW, rain and
Wed. 29	37.00	60.00	48.50	29.75	29.95	29.850	Cumulus	W		[NW, a.
Thur. 30	43.00	61.50	52.25	29.95	30.00	29.975	Cir. c. strat.	SW		Cumulus, a.
Aggrg.	36.58	48.50	41.225	29.72	29.87	29.8000	Cir. c. strat.	NW	4.40	

RESULT.—Mean temperature, 41.225; maximum, 9th, wind SW, 66.00; minimum, 18th, wind NW, 22.00; greatest daily variation, 9th, wind SW, 24.00; least daily variation, 5th, wind NE, 1.50; range of thermometer for the month, 44.00; increase of mean temperature from March, 9.863; prevailing atmosphere, cirro-cumulo-stratus (cloudy). Prevailing wind, NW. Mean atmospheric pressure, 29.8000; maximum, 11th and 19th, wind SE and SW, 30.25; minimum, 28th, wind NE, 29.15; greatest daily variation, 28th, wind NE, 0.45; least daily variation, 15th, wind NW, 0.00; range of barometer, 1.10; decrease of atmospheric pressure from March, 00.1535; rain, &c. 4.40 inches.

Comparatives with April, 1834.—Mean temperature, 45.475; maximum, 79.00; minimum, 29.50; prevailing atmosphere, cloudy. Mean atmospheric pressure, 29.9945; maximum, 30.65; minimum, 29.20; rain, 3.27 inches; prevailing wind, NW.

Fort Independence, Boston, May 1, 1835.

B.

## ADVERTISEMENTS.

## PHILOSOPHICAL APPARATUS.

JOSEPH BROWN, of the late firm of BROWN & PEIRCE, 87 Washington Street, up stairs, manufactures and keeps constantly for sale, a large variety of apparatus, illustrative of the different departments of science, as Mechanics, Hydrostatics, Pneumatics, Electricity, Galvanism, Magnetism; Optics or Models of the Eye, and Acoustics or Models of the Ear, two beautiful pieces of apparatus (devised by J. V. C. SMITH, M.D.), of great worth to the medical student and anatomical lecturer. All the above articles are manufactured of the best of materials, and in a thorough manner.

Models of the Eye and Ear may be seen at the office of the Medical Journal.

Boston, May 6, 1835.

3t.

WILLIAM WILEY, of Baltimore, manufacturer of Cutlery and Surgical Instruments, No. 23 Water Street, Boston. All kinds of instruments ground and repaired.

3t.

## VACCINE VIRUS.

PHYSICIANS in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—involving one dollar. Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless some other mode of conveyance is directed. Ten charged quills, an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely packed in a letter. The gentleman who has undertaken to keep the virus, will faithfully supply that which is positively genuine and recently taken.

Boston, March 4, 1834.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, post-paid. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy, gratis.—Postage the same as for a newspaper.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. XII.]

. WEDNESDAY, MAY 13, 1835.

[NO. 14.

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## THE LATE BARON DUPUYTREN.

THE commencement of Dupuytren's career was tinged with romance. Born of poor and humble parents, on the 5th of October 1777 or 1778, at Pierre Buffiere, in the department of the Haute Vienne, the early years of his life were passed in obscurity ; but fortune destined him for another theatre than that of a country town. As he was one day playing in the public square, with other children of his age, an officer of a cavalry regiment on passing by was struck with the intelligent appearance which he bore, and offered to his parents to carry him to Paris, and there charge himself with his education. The proposal was instantly accepted, and the youth arrived at Paris, in 1790, at twelve years of age. Here his talents and assiduity soon procured him protectors. As early as 1795, being scarcely eighteen years of age, he was appointed demonstrator to the faculty of medicine, which was then reorganized. In 1801 he was nominated to the place of Chef des Travaux Anatomiques, now filled by M. Breschet. In 1803, he received his degree, and at the same time was named assistant surgeon to the *Hôtel Dieu*. In 1812, at the end of a most brilliant concours, he was appointed to fill the chair of operative medicine, vacant by the death of the celebrated Sabatier ; whence, in 1815, he was transferred to the chair of clinical surgery, which he filled during nearly twenty years. Finally, in 1818, he obtained the senior surgeoncy of the *Hôtel Dieu*, and was elected a member of the Institute. The greater part of these appointments were, as M. Orfila remarked in pronouncing a funeral oration at his grave, obtained by brilliantly contested concours, in which Dupuytren had to battle with men of transcendent merit, who also have now reached the head of French medicine and surgery ; hence he was one of the warmest partisans of the concours, which he always defended and upheld, both in public and in private ; though, seemingly, strange to say, the chair which he has endowed with 200,000 francs is, according to *on dit*, to be given to M. Cruveilhier by his express desire. However, this almost excusable wish has a limit which will not include any after aspirant for the post.

In November, 1833, the health of M. Dupuytren first gave symptoms of decay. On the 5th of that month he was seized with a slight fit of apoplexy, which soon passed off, but left behind it some difficulty of speaking, and caused a deviation of the mouth towards the right side. The warning could not be mistaken ; but Dupuytren, whose mind was always of a most determined nature, insisted on continuing his duties at the *Hôtel Dieu* ; and it was only by force that his friends and family carried him to Naples at the end of November. He returned to Paris

In May 1833, and immediately resumed his visits and lectures at the hospital, but there presented nothing save the wreck of former greatness, struggling against a fatal disease, and determined to hold out to the last. His tongue, once so eloquent and polished in its language, now faltered at every sentence ; while the remnant of distortion in the mouth gave the most painful expression to his once handsome but cynical countenance. The fatigue consequent upon his attendance at the last concours was, in all probability, the immediate cause of his death, by developing a pleurisy, which was at first overlooked, the brain being considered to be the only organ seriously affected. The existence of effusion, however, soon became too manifest to be denied ; and then were every means that art could use employed to ward the threatening result, but all without success. The fatal disease gradually gained ground, and after eleven days of painful suffering, which was borne with the most heroic indifference, terminated his existence on the 8th of February, at three o'clock in the morning, in the fifty-sixth year of his age.

Dupuytren preserved his intellectual faculties to the last ; and never ceased for a moment to give proof of the possession of that well-tempered courage and disregard for death which were to be expected in a man of his character and disposition, and one who had faced the destroyer under almost every possible variety of circumstance. He continued to give his consultations until within a few days of his death ; and the evening before the occurrence of the fatal event, he made his domestic read "the paper" as usual, in order "that he might carry the freshest news of disease out of this world" (*Afin de porter la haut des nouvelles de ce monde*). Hardly ever was the ruling passion stronger.

Dupuytren has left a large fortune to his only daughter ; about 280,000*l*. He has also left 200,000 francs for the purpose of instituting a chair of pathological anatomy ; and bequeathed his mortal remains to his two friends, MM. Broussais and Cruveilhier, who examined the body on Monday, the 9th, thirty-two hours after death. The *proces-verbal* is published at length by the French journals. The following are the most striking points which it contains :—

*Cavity of the thorax.*—The right side of the chest more developed than the left. On plunging in a trocar, about four pints of troubled serum were evacuated. The pleura at this side evidently inflamed, and the lower portion of the lung changed into a condensed fleshy mass, totally impervious to air. The left side of the chest contained about half a pint of clear serum, and the lung was healthy.

The heart was strong, and sensibly hypertrophied, but well formed ; the cavity of the left ventricle might contain a large hen's egg. The cavity of the right ventricle was still larger ; its parietes were three lines in thickness ; that of the right one six lines : the other parts of the heart were healthy. It is a curious circumstance that Dupuytren always believed that the heart was the seat of his disease. "Let them examine my heart well," he said, "and they will there find the seat of my complaint,—the injury produced by my sorrow and my torments."

*Cavity of the skull.*—Before opening the skull, its external measures were taken with great exactitude. The whole showed that the dimensions of Dupuytren's head were much larger than those of ordinary

heads. The posterior superior portions of the brain were particularly developed. The external appearance of the brain was healthy ; but before being examined, it was given to an artist to prepare a cast. After the mould had been formed, the brain was necessarily drier : it weighed, with the cerebellum and medulla oblongata, two pounds fourteen ounces. The ventricles contained no serum ; but near the commencement of the digital cavity was observed a kind of spot or yellow cicatrix, one inch long, and half an inch broad. This alteration was superficial, and, raised upon the point of the scalpel, showed the medullary substance healthy below. In the centre of the right optic thalami was a small nucleus of extravasated blood, as large as a grain of hemp-seed. In the part of the corpus striatum outside the thalami, on the right side, was found an excavation, of a brown color and broken edges, that would contain a filbert ; and in the corpus striatum of the left side, an apoplectic cavity of the same magnitude : in both were recognized some cellular filaments, intercrossing one another.

The last respects were paid to the memory of Dupuytren on the 10th of February. The *cortege* was composed of all the professors of the faculty, in their robes of office, of deputations from the *Academy of Medicine* and the *Institute* ; of several peers, deputies, &c. ; and almost all the students of the school accompanied the body to the church of St. Eustache, and thence to Père la Chaise, where orations were delivered over the grave by MM. Orfila, Larrey, Bouillaud, Royer-Collard, and his interne at the *Hôtel Dieu*, M. Tessier. The funeral car was drawn by the students from the church to the tomb, which is not far from the beautiful monument of General Foy.

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#### POST-MORTEM EXAMINATION OF CUVIER.

[In connection with the preceding notice of the post-mortem examination of Dupuytren, we give the following account, from the *Annals of Phrenology*, of the cerebral peculiarities of another distinguished individual, the late Baron Cuvier.]

This great naturalist was examined May 15, 1832, by Messieurs Orfila, Dumeril, Dupuytren, Allard, Bielt, Valenciennes, Laurillard, Rousseau, Andral (neveu) and Bérard. The brain of Cuvier weighed three pounds, ten ounces, four drachms and a half, exceeding the ordinary weight of the human brain by nearly one third, which enormous difference lay almost entirely in the cerebrum ; the cerebellum, pons varolii and medulla oblongata not exceeding the ordinary size of these organs in other persons. No one present, said M. Bérard, to whom we are indebted for these phrenological details, recollected to have seen a brain so crimped, *convolutions so numerous* and crowded, anfractuosities (furrows) so deep, especially in the anterior and superior portion of the cerebral lobes.

It would be an error prejudicial to Phrenology to suppose that the extent of the intellectual faculties can be ascertained by the weight or absolute size of the brain. Experience and reason prove the contrary. The phrenologist must found his judgment upon a comparison of the

different regions with each other, and heads, large in the propensities and animal instincts, are remarkable for the smallness of the anterior lobes of the brain, where the intellect resides.

Nor can we admit that the brain of Cuvier contained a *greater number of convolutions* than ordinary brains. Nature has determined the organs appropriated to the animal economy, and every individual, monsters excepted, has the same number. Hercules had no more bones and muscles than a diminutive Laplander, but his organs were larger, stronger, and endowed with greater activity. Such was the case with Cuvier's brain. Unfortunately no plaster cast of it was taken, as the papers had announced. In order to find the unsearchable clue to his disease, the brain was sliced up, as has been the custom since the days of Vicq-d'Azir, and it was soon reduced to a shapeless mass, in which the eye could no longer recognize anything like human organization. This serious omission, made without the consent of the professor who conducted the examination, would be in some degree atoned for, if we possessed a model of the cranium. We had hoped until the last moment that we should have been able to exhibit this, but all communication with the only copy that exists has been absolutely denied to the "phrenological society by an inflexible will." But all those who have seen it, all those who were acquainted with Cuvier when alive, know the enormous development of the frontal region compared with the three others. We rarely meet, even among men of genius, with such large organs of Language, Eventuality, Locality, Order, Color, Form, and Constructiveness; and we accordingly find Cuvier reading at an age when other children hardly know how to speak. Drawing was one of his favorite occupations. His memory in every department was prodigious, and his knowledge and acquaintance with foreign languages profound.

These faculties, common, though in an inferior degree, to all who are skilled in natural history, would have given to the forehead of Cuvier an inclination backward, but the prodigious development of the organs of Comparison, Causality and Ideality, raised and enlarged the anterior and superior region of the forehead, the seat of intelligence. Hence those profound investigations, those precise and vigorous descriptions, those learned classifications, those philosophical, lucid and prolific principles, that inimitable spirit of generalization, which distinguishes his works, especially his *Lessons of Comparative Anatomy*, and his *Researches on Fossil Bones*. \* \* \* \* \*

However incomplete may be the notions we have thus given of the cerebral organization of Cuvier, it is none the less evident to us, that this fine organization was one of the most striking proofs of a doctrine against which he had the weakness to pronounce an opinion twenty-five years ago, in his famous Report to the Institute, and (must we say it?) that he might not displease Napoleon, who thought he saw in the discoveries of Gall an "arsenal of gross materialism!" Nevertheless, these two celebrated men were made to understand and esteem each other, and, towards the end of their career, they did each other justice. Gall had already one foot in the grave when Cuvier sent him a cranium "which," he said, "appeared to him to confirm his doctrine of the physiology of the brain." But the dying Gall replied to him who brought it, "Carry



it back, and tell Cuvier that my collection only wants one head more, my own, which will soon be placed there as a complete proof of my doctrine."

It must be interesting to phrenologists to know that a notice of the phrenological development of Cuvier, in the hand writing of Dr. Spurzheim, was found amongst his papers. How the notice was obtained by Dr. S. is not known, but the memorandum is given entire.

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#### CASE OF DOUBLE UTERUS.

**MALFORMATIONS** of the uterus, consisting in a division of the organ into two cavities by a perpendicular septum, are rarely met with in the dead body, and are still more rarely recognized during life. The unfortunate termination of the case we are about to notice, recorded by M. J. A. Le Roy, gives an addition to the interest depending on it in an anatomical point of view.

Erminia Trousin, 19 years of age, menstruated for the first time two years ago, and in a few months afterwards married. About six months back she commenced to feel severe pain in the region of the uterus and vagina, which was aggravated at each menstrual period. The pain was relieved by the horizontal position, but continued to increase every day. On the 1st of May last she consulted M. Le Roy. The menses had appeared for three days, and with them intense pain in the uterus. On examination he found, about an inch above the orifice of the vagina, a hard tumor filling the whole of the true pelvis; the neck of the uterus could not be touched. Externally a hard tumor was felt, extending as high as the umbilicus, perfectly resembling an uterus of the 6th month of pregnancy. The tumor evidently contained a fluid, but the introduction of a sound into the bladder showed that it did not consist of that organ. The nature of the tumor was very doubtful. However, as the patient desired to be relieved, after a consultation with three surgeons of the hospital at Versailles, M. Le Roy opened the most depending part of the swelling, by plunging a trocar into it. Some dark-colored fluid came away. The opening was enlarged by a bistoury, and a great quantity of the same fluid was discharged. The supposed body of the uterus and its vaginal orifice were now distinguished in the upper part of the vagina. For the first four days after the operation the patient's state was most favorable, but on the 19th symptoms of peritonitis set in; the abdominal inflammation made rapid progress in spite of the most active measures, and the woman died on the 22d.

On examination of the body after death, the peritoneum was found actively inflamed, especially in the neighborhood of the tumor. There was no trace of neck to the uterus; but the natural opening lay quite upon the mucous membrane of the vagina. To the left and lower down was the artificial orifice. The body of the uterus presented an inch and a half in breadth, and was terminated on either side by two horns, each a couple of inches long. The cavity of the uterus was opened from the external mouth to the extremity of the left horn, and it was now seen that the uterus was divided into two portions by a perpendicular septum, ex-

tending from its fundus to the inner edge of the utero-vaginal orifice, so that the right cavity had no communication either with the left one or with the canal of the vagina. This was more plainly seen when the right cavity was opened. The fibres of this part of the uterus appeared considerably enlarged; and at the lower part it formed the enormous pouch which filled the pelvis, and extended into the abdomen.

*Jour. des Con. Med. Chir.*

#### MEDICAL REFLECTIONS.—NO. IV.

[Communicated for the Boston Medical and Surgical Journal.]

##### ON THE INEXPEDIENCY AND INVALIDITY OF GRANTING PATENTS FOR MEDICINES, CONSIDERED IN A MEDICO-LEGAL VIEW.

PATENT medicines have ever been a curse to our country and a stigma on science. They have been one of the most fruitful sources of quackery, which in itself is a public calamity. It is indeed one of the greatest evils under which our happy country groans; and few, very few, of the unprofessional part of the community, have any idea of the extent of its baleful and fatal consequences. It is thought that war and famine, and "the pestilence that walketh at noonday," have been far outstripped in the number and extent of victims. Even ardent spirits, the destructiveness of which is now on the wane (thanks to the Temperance Society), must yield to this horrible monster. The effects of spirit drinking are apparent to all, and consequently there is much hope of its being early and permanently arrested. But the genius of quackery stalks abroad in the land, unseen, it is true, in its proper form, and like the midnight assassin, strikes the fatal blow before he is perceived, or, Judas like, betrays with a kiss, or with kind, consolatory promises of health and long life, whilst the fatal poison is assiduously tendered. The credulous are ever at the mercy of these secret executioners, who by the effects of their secret and deadly nostrums, only precipitate the sick man to an untimely grave.

"They shall have mysteries—aye, precious stuff  
For knaves to thrive by—mysteries enough;  
Dark tangled doctrines, dark as fraud can weave,  
Which simple votaries shall on trust receive,  
While craftier feign belief till they believe."

The love of money, that "root of all evil," prompts these cold-blooded murderers on to their work, and however destructive to human health and life their deleterious drugs may be, it matters not with them; they are entirely irresponsible for consequences. They have no professional character to support, and as soon as their palpable deeds of death are apparent to all, like birds of passage they retire to some distant part of the country to begin their work anew with redoubled fury. On their track, however, follows quackery in other forms; and as soon as one species is exhausted for want of victims, or of the public confidence, another takes its place, *ut unda impellitur undâ*, and thus large masses of the population are swept away as by the besom of destruction. It is unnecessary to state that most of these illiterate, dangerous, and *interested* empirics, work on patent methods. The great seal of State is necessary to acquire

the confidence of the crowd, and when certificates from persons unqualified to form a correct opinion and from *others interested*, can no longer gain the credence of the people, then the honorable signature of the President of the U. States is exhibited in bold relief. The effect, in many instances, is such that what would be considered by the populace as quackish trash, is then thought to be of a superior order and efficacy.

If legislative protection cannot be extended to the cause of humanity and science, it ought certainly not to extend its strong arm against it. It is said by the wisest of men, that "in the multitude of the people is the honor of the king; and for want of people cometh destruction of the prince." Prov. xiv. 28. As a matter of public policy, all means which tend to cause a decrease of the population, ought to be restrained. Let us now examine for a moment the intent of the patent law. On page 200, 2nd vol. Laws U. S. we find "An act to promote the progress of the useful arts." Sec. 1. Be it enacted by the Senate and House of Representatives of the United States, in Congress assembled, "That when any person or persons, being a citizen or citizens of the U. States, shall allege that he or they have invented any new and useful art, machine, manufacture or composition of matter, or any new and useful improvement on any art, machine or composition of matter, not known or used before the application, and shall present a petition to the Secretary of State, signifying a desire of obtaining an exclusive property in the same, and praying that a patent may be granted therefor, it shall and may be lawful for the said Secretary of State to cause letters patent to be made out in the name of the United States, bearing test by the President of the United States, &c." In Sec. 2nd, of same act, we have these words: "And it is hereby enacted and declared that simply changing the form or the proportions of any machine or composition of matter, in any degree, shall not be deemed a discovery." In Sec. 3rd, it is enacted that every inventor, before he can receive a patent, shall swear or affirm that he does verily believe that he is the sole inventor or discoverer of the art, machine or improvement for which he solicits a patent, &c." Quere—Is it the oath, that "it is a discovery," which entitles the petitioner to a patent? Quere—Would it not be well to refer every doubtful application to a committee composed of the most eminent professors of the art to which the petition refers? The only phrase in the law which by the most forced construction can refer to physic, is "composition of matter." Now it is self-evident that "composition of matter" refers to the arts strictly so called, and cannot be applied to the practice of medicine. A man might get a copyright (a kind of patent) for a chart of the Atlantic ocean, but not for steering a ship across it. A man might get a patent right for the separation of sulphate of quinine from bark as a chemical process, but not for its exclusive application to disease. A single medicine or compound in judicious and skilful hands might be made into a hundred different forms, and adapted to as many states of disease, but not *necessarily* a cure alone for any. It is a necessary prerequisite in all diseases that a due knowledge of the existing state of the patient, and a just diagnosis of his malady, should be exercised by the administrators of medicines intended to relieve him. But can this be done by a patent medicine?

For the ignorant to exhibit a patent medicine to a man who is already struggling under the iron grasp of malignant disease, is like a kind, officious man, who when his friend is engaged in serious battle with his foe, in a dark room, rushes in with a large club and strikes furiously ;—he may strike his enemy, but the blow may fall on his friend. The havoc made by quackery is without intermission—unlike pestilence or the sword, which act only occasionally. The robber who assassinates on the high way leaves the traveller the resource of defending himself, and of being aided by other travellers ; but the poisoner who forces himself, by his unblushing assertions, false as they are, into the confidence of the sick man, is infinitely more dangerous and as just an object of punishment. But a patent right is necessary both in curing the sick and in getting the sick willing to be cured. The hopes of a sick man are willing to be staid on any promise, however absurd or ridiculous it may be ; for the mind, like the body, is weak and ever ready to believe whatever is anxiously wished for. “*Num homines facillè credunt id quod volunt.*”

The belief in charms and incantations and the healing and secret efficacy of quack medicines, is not confined to the vulgar, but with resistless step it marches into the courts of the great. Quackery, like its follower death, strikes at the door of the peasant and the prince. “*Pallida mors æquo pede pulsat tabernas pauperum, regum turres!*” The present writer once knew an ex-President of these United States, who had carried a piece of orris root in his pocket for several months, to prevent an attack of rheumatism to which he was subject. He said a friend had advised it, and he felt confident, from the trial, that there was efficacy in it, having escaped his dreaded complaint many months. This was, *post hoc, ergo propter hoc*. I could relate many cases, a large number of which terminated in the most deplorable and fatal consequences from the exhibition of patent medicines, but my space admonishes me to forbear.

The patent law is a useful law when confined to the arts ; but how can it be applied to the sciences ? The credulous are ever ready to think that if patent articles of manufacture are better than those made previously to the new discovery, it follows necessarily that patent medicines are better than other medicines. Many a poor ignorant wight has swallowed them to his sorrow, and when convinced by sad experience that he ought to retrace his steps, he finds it too late, his irrevocable doom is come, and he must go the way of all the earth. If the phrase “composition of matter” can refer to compound medicines, then by a multiplication of patents the exhibition of medicines in that form can be taken entirely out of the hands of the regular and scientific practitioner. But it appears that the law itself is *against* this construction. “And it is hereby enacted and declared, that simply changing the form or the proportions of any machine or composition of matter, in any degree, shall not be deemed a discovery,” page 201. It is an admitted principle that no patent ought to issue which in its probable results will retard or cripple “the progress of the useful arts.” The title of the law is “An act to promote the progress of the useful arts.” Sec. 3rd, “requires the inventor to deliver a written description of his invention, to enable any person skilled in the art, of which it is a branch or with which it is most nearly connected, to make compound and use the same.” Does not the

foregoing necessarily imply that the law is intended to benefit and improve those persons skilled in such art or science? and their approval and use of the invention can be the only rational means of its coming into general and beneficial use. Can this apply to patent medicines, many of which are advertised as "cures for all diseases"? So far from patent medicines ever "promoting the progress" of scientific medicine, all experience testifies, that all regular, intelligent and well-educated physicians, reject with disdain such puerile, nonsensical trash. Has there ever been a single instance where granting a patent for medicine, has benefited any one person besides the patentee? I have no hesitation in deciding this question in the negative, and in calling for proof to the contrary, if there be any. The cost of the patent right is never a bar to the adoption of such medicines by the profession if they had any real merit. I have been offered a patent right *gratis* to practise quackery, and fees likewise. I rejected the offer, and told the offerer that his blood might be on his own head, and practise it himself on his own risk, and at his own peril. As connected with the apothecary business, I have always refused to trade in patent articles.

All experience has proved that patent medicines are in violation of the spirit and intent of the patent law, and I take the responsibility to say in violation of the letter of the law. The practical good or bad effects of any patent, are necessarily submitted to the ultimate decision of the followers of each particular art; then is it reasonable that patents should issue for medicines, when the profession of physic have hitherto unanimously rejected all the *pretended* discoveries of interested empiricism? The patent medicine discoveries have hitherto been like the remark which Blumenbach applied to Phrenology: "All that is new is not true, and all that is true is not new." It would be a work of supererogation to attempt to prove that patent medicines are destructive of human life to a great and alarming degree. There is scarcely a member of the profession who has not witnessed numerous instances of the fatal effects of such poisons, in the hands of the vile propagators of them, or of the ignorant dupes who have purchased them. It is highly discreditable to our nation, and to this enlightened age, that the government should lend its aid, its character and support, to foster, to cherish and sustain quackery in its chameleon forms, ever varying but still the same, under the form of *nostrum*, *catholicon*, *panacea*, &c. &c. The practice of the government with respect to patent medicines, ought not to be altered or amended, but to be entirely abolished and revoked. Humanity, the honor and the national pride of our country, every interest which is dear to us as a people, all require it. We ask it at the hands of the representatives of the people; and, if duly considered, we have no hesitation in expressing our humble conviction that this request must be irresistible.

April 18th, 1835.

GAMMA.

#### REMEDIES FOR OBSTINATE HICCUGH.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I noticed an inquiry from one of your correspondents in your Journal of April 22d, 1835, respecting a remedy for Hiccough, which

withstood all the usual remedies. As there is no febrile affection mentioned in the case, I presume none existed, and that it was one of idiopathic hiccough. Such a case fell under the writer's notice many years past, whilst he was a student. The subject was a healthy farmer, who was seized at his plough. His hiccoughs withstood, for *six weeks*, the remedies of the most eminent physicians, and the writer, when he visited him, counted no less than *twenty* vials of different preparations which had been prescribed without relief. But the man was cured by the prescription of a sea captain who happened to be in his vicinity. The remedy was *honey*; and the quantity prescribed, a *pound a day*. Whether the patient actually took so much, is not known. He however took enough to perform a complete cure.

A case occurred to the present writer this season, in a man aged 71, whose hiccoughs occurred in fever, but continued after the fever left him. Honey was prescribed, but the patient attributes his cure to *ether vitriol*, which was subsequently left for him, and to a diet of oysters. The latter, in a certain locality, have obtained some celebrity as remedial in hiccough. The writer, however, has been in the habit of prescribing *honey* for hiccoughs for many years, and can recommend it as a remedy safe, and very much to be depended on.

In conclusion, the writer, with your leave, would inquire of yourself or your correspondents, the method of Dr. Jenner's using *tartar emetic ointment* in *mania*. He has a notice of this article in his MS. Journal as having been used by that eminent physician, in this complaint, but how or to what part of the body it was applied, is omitted, nor does he at present recollect the source from whence the notice was taken. C.

✍ The writer considers inquiries and answers, of this kind, as somewhat novel in a periodical journal; but at the same time, as highly interesting as anything which occurs in your useful and entertaining pages.

It is presumed that should the medical gentleman, who makes the inquiry, hereafter communicate for your Journal the remedy or remedies which may cure his patient of *hiccough*, your readers would be pleased and benefited to know the result.

*Lebanon, Conn. April, 1835.*

#### OBSTINATE HICCOUGH.

*To the Editor of the Boston Medical and Surgical Journal.*

IN the No. for April 22d, communications are solicited, in behalf of a correspondent, on the subject of an "Obstinate Hiccough which comes on every day, lasting ten, twelve, and twenty-four hours," and which has thus far been only "temporarily relieved by the administration of emetics, all other medicines being wholly useless." What other remedies have been employed, we are not informed; but if the one which I am about respectfully to propose has not been resorted to, I wish it might have a trial. Singultus or hiccough is generally thought to be a convulsive motion of the diaphragm and parts adjacent. When long continued, it doubtless arises from a morbid affection of the phrenic nerve. This is

made up of branches from the third, fourth, and fifth cervical pairs. The remedy proposed is a blister on the back of the neck, extending from the second to the fifth cervical vertebræ, to be kept open as long as the benefit received shall warrant or circumstances require. Whether it operates only as a diverticulum or counter-irritant, or, through a more immediate impression on the proper nerve of the diaphragm, the writer is not prepared to decide ; but it has been tried when the same affection has made its appearance in the advanced stages of fever, with immediate and complete success. P.

*New London (Conn.), April 26th, 1835.*

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## BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, MAY 13, 1835.

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### ANNUAL MEETING OF THE MASSACHUSETTS MEDICAL SOCIETY.

By a resolution of the Society, the time of the annual meeting was altered the last season. The Society will come together in this city on Wednesday, May 27th, at the Athenæum, in Pearl Street, at 10 o'clock in the morning. As usual, after the proceedings of the last anniversary have been read, the fellows will make choice of Counsellors for the several districts, hear reports of committees, and transact the ordinary business of the Society. At one o'clock, it has been customary to have an address delivered, to which students and gentlemen interested in the general progress of science, even if unconnected with the profession, are invited to attend. We have in vivid recollection the delightful exposé of modern quackery by the last orator, Dr. Howe, of Billerica, which was altogether superior to the dull prosings sometimes doled out to a sleepy audience in the olden time, and we unhesitatingly express a desire, in behalf of all concerned, to have his successor prepared to meet the expectations of an intelligent assembly. By next week, the name of the speaker will have been ascertained.

Previously to dining together at Faneuil Hall, it is probable that some movement will be made by the Society in relation to the erection of a Medical Hall, for their express use. It is time to have a place of their own—having been tenants at will long enough. The room now in occupancy at the Athenæum is a miserable concern, very little superior to a common cellar. All the old books belonging to the archives are as damp, and as musty too, by three years storage—being seldom read—as the most devout literary gourmand could desire. We trust there will be a liberality of feeling pervading the meeting, worthy of the age in which we live, and that it will be unanimously decided that an edifice shall be erected on some commanding site in this Athens of the North, that shall not only be honorable to the good taste and munificence of the Massachusetts Medical Society, but manifest to future generations that the study of medicine is not incompatible with taste and elegance in architectural design. All those in favor of purchasing the Adams Schoolhouse for a medical hall, ought by all means to arrive in the city at least one week before the day of meeting, in order to find its location. Surely, no

one can advocate such a measure, who has the least regard to comfort or convenience. Somewhere on the estate of the late Mr. Green, we look with earnest solicitude for the uprising of a beautiful, classically designed Temple of Medicine.

On the day following, the Counsellors hold a session. By them the President and other officers of the institution are chosen for the ensuing year. Whatever is of consequence to be known to the profession, in regard to the general doings, may be expected in a future number of the Journal.

P. S. Since the above remarks were written, by the merest accident an advertisement was discovered in a newspaper, wherein the medical public is informed that the annual discourse will be pronounced by Dr. Jacob Bigelow, of this city, a gentleman of universally acknowledged talents. Something may therefore be expected worthy of approbation, alike profitable to the faculty and honorable to himself. Why is it that such notices as this are not published in the medical journals—certainly the most appropriate organs of such intelligence? The policy of the present mode is not understood; the practice is positively inconvenient to those who do not take several newspapers, and is, withal, diametrically opposed to that admired doctrine of *live and let live*.

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#### COMPLICATION OF DISEASES.

JAMES H. BANCROFT, 19 years of age, about four feet high, and supposed to weigh sixty pounds, died on Sunday, May 3d, in this city, after nine years of bodily sufferings scarcely paralleled in the annals of disease. Till his seventh year, he enjoyed tolerable health, though evidently of a scrofulous habit, which he inherited from birth. He was then thrown from a horse; and from that period to the day of his death, there has been an uninterrupted series of excruciating pain and misery. There was a monstrous curvature of the spine, backward, between the shoulders—the spinous processes of the vertebræ almost protruding through the skin. The trochanter major of the right femoris was perfectly bare, and midway between the knee and hip on the outside of the left thigh, was a fistulous opening, through which the fæces had been occasionally voided, for a considerable time. His features were contracted, the expression infantile, the jaws small, like a young child's—the teeth small and decayed. The forehead was broad, and the cerebellum greatly developed. Having never gone through any pubert changes, the voice was juvenile and weak. One lung was considerably tuberculous. On the left side, the organ was sound, though there were extensive adhesions to the upper part of the chest. As the bones were more or less spongy, general disease was presumed to pervade the osseous texture.

The post-mortem examination was made by Dr. Z. B. Adams, in presence of Drs. Osgood, Gay, Parkman, Smith, and J. B. S. Jackson. An interesting history of this extraordinary case will be drawn up by Dr. Adams, which we shall lay before our readers as soon as he has prepared it.

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#### BOSTON MEDICAL ASSOCIATION.

THE annual meeting for the choice of officers, was held at the Medical College, Mason Street, on Monday, May 4th. Dr. Homans in the chair.



Dr. Martin Gay, after having read the records of the last meeting, requested not to be considered a candidate for the office of Secretary. There were ten members admitted to the Association the past year; and three have died, viz.—Drs. Dixwell, Williams, and S. H. Smith. Dr. D. H. Storer was elected Secretary, on the first ballot. Drs. John Randall, Jacob Bigelow, John B. Brown, George Hayward, and John Ware, were elected a standing committee. A committee of five was appointed for the purpose of petitioning the City Council on the subject of the bill of mortality, consisting of Drs. Enoch Hale, Jr., J. Greely Stevenson, Joseph W. M'Keen, John Ware, J. V. C. Smith, and D. H. Storer.

On motion of Dr. Ware, it was voted that a committee be appointed to consider the expediency of stating to the city government the opinion of the Boston Medical Association, that the introduction of pure water will be a measure highly conducive to the future health of this city, and with power to make this statement, if they think it expedient. The committee consists of Drs. John C. Warren, Benjamin Shurtleff, John Ware, C. T. Jackson and George Hayward.

The meeting was one of business, and though the members were together but a very short time, every one seemed in good spirits and interested in the affairs of the Association. When we have more leisure than at the present moment, some remarks may be expected in relation to the duties to be performed by the several committees.

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**Hydrostatic Beds.**—The Boston and Lynn India Rubber Company manufacture a beautiful article—the hydrostatic bed, which must eventually be introduced into hospitals. It is constructed in the following manner. A box, about six feet six inches long, by thirty-two inches in width, is made perfectly air and water tight, and filled with warm or cold water, as may be desired. Over the surface of the water, is an India rubber cloth sheet, impervious also, with a slack of about nine inches. A sick person derives extraordinary comfort from this simple contrivance—and a well man actually luxuriates upon it.

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**Boston Society for Medical Improvement.**—For several years, an association, bearing this name, has existed in Boston. The members hold their meetings once in two weeks, in the evening, for the purpose of reading papers on medical subjects, discussing questions of general interest to physicians, detailing the treatment of cases, for the mutual benefit of the whole, and for transacting such kinds of business as necessarily come before them. There are not far from one hundred practitioners in the city; and as it is quite impossible that they should all belong to this one society, without so much multiplying the machinery as to embarrass the proceedings, it has been suggested that one or two more should be formed, that all might participate in the great advantages resulting from this excellent system of mutual instruction.

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**Medical Library.**—The Massachusetts Medical Society have annually presented each member with a volume, the last few years, at the expense of the treasury—under the general title of the *Medical Library*. Owing to some unfortunate event, growing out of the failure of an extensive pub-

lishing house, since the last meeting in 1834, it is said no book will be given out the present season. Admitting this to be true, a hope is indulged that the committee charged with the duty have, ere this, had time for making arrangements to procure some work, even if not so valuable as Copland's Dictionary, that the fellows may have some tangible memorial of their meeting in 1835.

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*Papillary Shield.*—Dr. Buxton, of Woburn, Mass. has invented and patented an ingenious contrivance by which an infant is enabled to draw the breast, without that pain to the mother which invariably ensues when the organ is excoriated or inflamed. A specimen is left at the Journal office, which we invite medical gentlemen to call and inspect. The principle of operation is certainly excellent, but we believe Dr. Buxton may improve it very much by substituting a lighter kind of wood.

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*Memoirs of Apothecaries.*—It is understood there is extant, in this city, a manuscript memoir of the apothecaries of Boston, brought down to within about twenty-five years of the present time, which would doubtless be a very entertaining mélange of demi-professional biography. Should we be so fortunate as to obtain possession of it, whatever appears most worthy of preservation will be extracted.

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*Trusses.*—Next to pills and plaisters, the everlasting hobbies of quacks, in all countries, *trusses* hold a distinguished place. One unacquainted with the nefarious trickery of those who collect fortunes out of the lame, the halt and the blind, would suppose that all mankind needed to be braced up in trusses. One half the puffing to increase the sale of these mechanical agents, at least, should be received very cautiously.—Hundreds wear trusses who would be manifestly better without them, as they only aggravate the misfortune they speciously pretend to remedy. Those suffering from ruptures should invariably consult a well-informed surgeon upon the kind of truss which will prove most beneficial.

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*Dissecting Instruments.*—No person ever bought a common case of dissecting knives and the accompanying apparatus of hooks, forceps, needles and blow-pipe, without being fully persuaded they were exorbitantly dear. English cutlery for this purpose has been erroneously prized above that of American manufacture; yet nothing can be more ridiculous. The Philadelphia and Boston made dissecting cases are equal in every respect to any of foreign make. If our cutlers, who are complete masters of their business, will agree to supply the profession at a little lower rate, they would most effectually put a stop to the importation of English cases of surgical instruments. It is an egregious mistake to ask more for a thing than it is really worth to the buyer. With regard to lancets, tooth keys, trocars, trepanning saws, stomach pumps, syringes, amputating, dissecting and obstetric forceps, beside some other articles of considerable importance, not immediately in recollection, they have always been, from the first settlement of the country to the present day, much too costly. The profit on them has been immense to those who have purchased to sell again. It is time to have a revolution in this matter; the faculty have been filched quite long enough.

**State Lunatic Hospital.**—In the course of the present month, additional buildings will be commenced at Worcester, for the accommodation of the inmates of that institution—which in the eye of the law are to be considered an enlargement of the present edifice. The additions are to consist of two parts, each one hundred feet by thirty-four, to be attached to the extreme ends of the first building, and running back at right angles with it. The elevation is to consist of three stories above the sub-basement. Each story is to be nine feet in the rear.

Will some of our correspondents in Maine have the kindness to inform us what progress is making in that State, relative to the erection of their State Lunatic Asylum?

**Tourniquets.**—Cannot some improvement be made in these indispensable instruments? In the first place, they have always been too costly; and in the second, unnecessarily complicated. It is a desideratum to have one both simple in structure and reasonable in price. Any mechanic who can accomplish these two points, may be sure of an unoccupied market.

**Human Organography.**—This is some part of the title of an elegant series of lithographic plates, illustrative of the structure of the human body, by Sarlandière, translated from the French by W. C. Roberts, M.D. of New York, where the work has been published. Those who have examined the drawings, have uniformly considered them exceedingly valuable to anatomists, and particularly so to students of medicine. We are far from the opinion that it is a dear work. Several copies are on sale at this office, to which the attention of medical gentlemen is invited.

**Smallpox.**—The smallpox has again made its appearance at Mobile, and likewise in several small towns on the Alabama river.

**Death from Rupture of a Varix.**—Dr. Elsaesser has published three cases of death, in consequence of the rupture of varices during labor; the varices were situated in the external labia. M. Riecke also mentions three cases of the same nature: the first patient was saved by applying cold fomentations; the second patient died; and in the third case, the tumor was discovered by compression.

These cases unfortunately are not so rare as is generally supposed; a number of them are detailed in the memoir of M. Deneux, *Sur les Tumeurs Sanguines de la Vulve et du Vagin*; Paris, 1830.

*Constitution Médicale.*

**TO CORRESPONDENTS.**—The interesting history of the late epidemic at Dedham by Dr. Jackson, and the communication from Dr. Utley, came too late for the present number.—Dr. Gallup's paper will also have an early insertion.

**DIED.**—At Newport, R. I. Dr. James Taylor, aged 63.—Charles Kegan, Esq. late of the East India Bengal Medical Establishment, 72.

Whole number of deaths in Boston for the week ending May 9, 39. Males, 11—Females, 9.

Of lung fever, 2—droopy on the brain, 2—consumption, 5—scrofula, 1—infantile, 1—old age, 3—insane, 1—droopy, 1—lethargy, 1—tumor, 1—apoplexy, 1. Stillborn, 4.

## MEDICAL INSTRUCTION.

THE subscribers have associated for the purpose of giving Medical Instruction on the following terms:—

Convenient Rooms well furnished, with access to a good Medical Library, and the necessary facilities for demonstrative Anatomy and Surgical operations.

The privilege of attending at the almshouse and a private hospital, now in successful operation, together with the important cases, both in physic and surgery, which occur in a pretty extensive private practice. Terms—\$50 a year.

JOSEPH H. FLINT,  
ELISHA MATHER,  
AUSTIN FLINT.

NORTHAMPTON, Mass.

Instruction in modern Dentistry will be given for a small additional compensation.  
May 13.

cop6m

**DR. BUXTON'S PATENT PAPILLARY SHIELD, OR PROTECTOR, FOR LADIES' SORE NIPPLES.**—This new and useful instrument guards the nipple from all external pressure, and allows the milk to be drawn away by the child with perfect ease and freedom. It consists of a circular stock of wood, ivory, or other suitable material; the lower part of which is about two inches in diameter, and forms an exterior rim of about one third of an inch around the superior part of the stock, which is also circular, and is about an inch and a half in diameter and about an inch deep. A circular chamber of about one inch in diameter is perforated through the lower centre of the stock. This chamber receives the nipple, when the lower surface of the stock, which is rendered slightly concave, is applied to the breast. By a metallic plate inserted in the top of the stock, is fixed airtight covered with gum elastic, for the accommodation of the child's mouth. In the side of the instrument is a small aperture communicating with the chamber, closed on the outside by a spring key, the use of which is to supply the chamber with atmospheric air, when necessary, air being the only pressure required to expel the milk through the excretory ducts of the lacteal glands or vessels of the nipple.

In using the above instrument it is necessary that its chamber should be large, moderate, or small, according to the size of the nipple—therefore the purchaser should ask for a proper sized one—as a perfect operation depends upon this precaution.

Sold wholesale and retail in Boston, by WILLIAM WARD, No's 26 and 27 India street, and PERLINSON & ROVLAND, Apothecaries' Hall, 183 Washington street, and Apothecaries generally.

## MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of MEDICAL INSTRUCTION, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive Clinical Lectures on the cases which they witness there.

Instruction, by examination or lectures, will be given in the intervals of the Public Lectures of the University.

On Midwifery, and the Diseases of Women and Children, and on Chemistry	By DR. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica	By DR. WARE.
On the Principles and Practice of Surgery	By DR. OTIS.
On Anatomy, Human and Comparative	By DR. LEWIS.

For the greater accommodation of the Class, a room is provided in the house of one of the instructors, having in it a large library, and furnished with lights and fuel, without charge to the students.

The Fees will be, for one year, \$100. Six months, \$50. Three months, \$25.

The Fees are to be paid in advance. No credit will be given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. WALTER CHANNING, Tremont Street, opposite the Tremont House, Boston.

6m.

Boston, April 1, 1835.

WALTER CHANNING,  
JOHN WARE,  
GEORGE W. OTIS, Jr.,  
WINSLOW LEWIS, Jr.

## MEDICAL AND SURGICAL EDUCATION.

THE subscriber continues to receive medical pupils at the United States Marine Hospital, Chelsea, and to offer them the following advantages.

The Institution at present contains seventy beds: all of which are occupied during the autumn and winter by the subjects, both of medical and surgical treatment. The number of patients in the spring and summer is rather less. The average number daily, throughout the last year, was between fifty-five and sixty. The number is annually increasing. A greater variety of disease is thus presented, than is to be found in those hospitals exclusively appropriated to the poor of any city.

The students have unrestrained access to these cases during all hours: as also to the extensive apothecary shop connected with the establishment.

A valuable medical library is offered for their use.

Facilities for the cultivation of demonstrative anatomy, are afforded through the winter.

The students are provided with a suitable apartment in the hospital, which is furnished with fuel and lights, without charge.

Fees, \$50 a year.

Board may be procured in the vicinity of the hospital, at from \$2.50 to \$3.00 per week.

Boston, April 21, 1835.

(April 22.—St.)

C. H. STEDMAN.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy, *gratis*.—Postage the same as for a newspaper.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. XII.]

WEDNESDAY, MAY 20, 1835.

[NO. 15.]

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## THE LATE EPIDEMIC AT DEDHAM.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—In compliance with your request, I have written a statement of the facts, so far as I have been able to ascertain them, respecting a fever which has lately occurred at Bussey's factory in Dedham. I think it will be evident that this disease is essentially the continued fever, now commonly called typhus, which occurs in this climate at all seasons, though most in the autumn. The circumstances under which it has occurred in this instance, particularly the number of persons affected at once, render the statement worthy of publication. Perhaps the medical gentlemen at Dedham may be induced to give you some other particulars, and especially any which may hereafter occur, as well as to correct me if I have been in error on any point.

The statement was written several days since, but I kept it to ascertain some points more perfectly, and I have meanwhile obtained some additional information, which I have inserted, as you will see, on this day.

I am, Sir, your obedient servant,

J. JACKSON.

*Boston, May 8, 1835.*

On Tuesday, March 17th, 1835, Dr. Spear, of Dedham, was called to J. Thomson, a young woman, residing in Mr. Jackman's boarding house attached to Bussey's lower mills, and an operative in the mill. Dr. S. found her affected with fever and sore throat, and, as he thought, some little eruption on the forehead. He regarded the sore throat as similar to that of others with scarlatina, whom he was then attending, and he pronounced this to be a case of scarlatina. The patient mended in a few days, and on Tuesday, the 24th, Dr. S. considered her as convalescent, and left her with cautions not to indulge too freely in eating.

On Thursday, the 26th, Dr. S. was called again to this patient, and found her in the most extreme distress and agony, so that she was unable to give any distinct account of herself. He was, however, led to believe that she suffered most in her head, though she was distressed and in great pain in every part. She continued to be sick, without any well marked local disease, till Sunday, April 5th, when she died. Dr. Spear regarded her case as similar, in essential points, to those which are next to be mentioned.

The foregoing statement was, in substance, derived from Dr. Spear on Sunday, April 19th, when I met him and Dr. Stimson at Dedham. I went on that day to the boarding house above mentioned, in consultation with those two gentlemen. I was then informed that, on

Saturday the 11th, and Sunday the 12th April, eighteen persons had been taken sick in Mr. Jackman's boarding house.

Dr. Stimson was first called there on the afternoon of Sunday, the 12th, to two young women, sisters, who had been taken sick on the afternoon of the 11th. Their symptoms were nearly the same—viz. some chills on the 11th, with prostration, anorexy, headache, dizziness, pain in back and limbs, pulse accelerated, rather full than hard. When Dr. S. saw them, their great complaint was of the head. One of these sisters was the sickest patient in the house, when I saw her on the 19th; and indeed was evidently sinking. Her countenance was sunken, her air abandoned, she was evidently distressed very much, her respiration was irregular, skin cold and moist, pulse 120, very small and feeble; she was delirious, and had been so about 24 hours; she could show her tongue, which was dry; she had had diarrhœa three days before I saw her; she had two rose pimples; she coughed somewhat, but on percussion the chest resounded well, back and front, and there was nothing unnatural learnt by auscultation, except that her respiration was irregular, and I think there was a blowing (*sifflante*) râle.

That I may give a connected view of this case, I will add that she died at 1, A. M. on the 20th of April, and the body was examined. Dr. John B. S. Jackson and Dr. Charles G. Putnam went to Dedham for this purpose, and made the examination in the presence of Drs. Stimson and Spear.

*Autopsy*, 18 hours after death, furnished by J. B. S. J.

*Externally*, very rigid.

*Head*.—On the upper surface of each anterior lobe of the brain, the pia mater, to the extent of two or three inches square, was infiltrated with a bloody serum, not to any great amount, but enough to give a very decided red color, and to be pressed about easily from one part to another. Beneath this portion of the membranes, which separated readily in consequence of the effusion, several of the convolutions were found to be superficially abraded, perhaps ulcerated, the surface being quite soft, but not discolored; except for this appearance, and being rather more congested than usual, the brain was sufficiently healthy.

*Thorax*.—Organs healthy. Some dark coagula in the heart, but no lymph.

*Abdomen*.—*Stomach* flaccid; contained about two ounces of greenish liquid, but no mucus; mucous membrane generally more red than usual, particularly in the small curvature of a part of the left extremity—in another part of the left extremity there appeared to be cadaveric softening, and towards the pylorus there was “*mamellonnement*” to a considerable extent. *Small intestines* rather contracted, especially about the middle portion; some bright yellow viscid fluid in upper part, and some greenish mucus in the lower; mucous membrane healthy till within 2½ or 3 feet of cæcal valve, and then was found acute disease of Peyer's glands—about eight or ten diseased patches, regularly getting worse from above downwards; most of these were of a circular form, about half an inch in diameter, much thickened, remarkably well defined, of a light reddish color and firm texture—the first three or four were not ulcerated—the rest were so; yellow feces adhering to the surface; and just on

the valve something like a scab appeared to have been detached and hung by one extremity. A large irregular patch was found, as usual, just above the valve, and still above this another of an oval form, about an inch long and half as broad. There was more or less redness of the mucous membrane around the diseased patches, and proportionately most around the smaller ones. Brunner's glands very slightly affected. *Large intestines* of moderate size; mucous membrane very extensively and acutely inflamed, the whole arch of the colon, sigmoid flexure and rectum being involved. The diseased appearance consisted of an intense deep red color, with some thickening of the membrane, but no softening. There were also extensive and very numerous patches formed by thin layers of soft yellow *fæces*, forming a strong contrast with the surrounding membrane. The *cæcum*, ascending and descending colon, were not much affected. *Mesenteric glands* opposite the lower end of the ileum were very large and numerous—deep red externally, but, on being cut through, found to be of a reddish gray color—very easily broken down—considerable serous discharge from cut surface on pressure, and in some of them mixed with pus. *Spleen* large, rather firm, not dark. *Liver* light colored; gall-bladder full of dark green, liquid bile. *Kidney* healthy; bladder much contracted, and containing but little, if any urine.

The other of the two sisters, to whom Dr. Stimson was called, had appeared to be the most sick of the two on the first days, and on the 15th symptoms of pneumonitis had supervened in her case, though she was then relieved of the distressing pain in the head. The pneumonitis had been shown by cough, viscid and bloody sputa, not copious, and some pain in right thorax. When I saw her I found a sonorous râle there, perhaps some mucous, but no crepitous râle, nor any bronchial respiration; likewise the resonance on percussion was nearly as good as on the left. She had not had diarrhœa. Dr. Putnam saw this patient on the 24th, and then found that on percussion the lower third of the right back was somewhat flat, and in that part he heard a mucous and a crepitous râle. He discovered, on examining her, one or two rose pimples and many sudamina. He found also that she had had epistaxis, and tinnitus aurium.

I saw this patient again on the 27th of April, and was told she had grown better to the 25th, when at evening she had sharp pain in left side for a short time, and since then had not been so well. The sputa had been mostly white through the week till then; but since that time they had been red, or some of them, but not copious. I saw one a little red, and two or three rusty, all viscid. There was a sonorous râle in both backs, most in the left, but otherwise and elsewhere, physical signs not morbid by auscultation and percussion. Her face was somewhat flushed, or rather her cheeks; her expression dull, almost stupid, but her answers were intelligent, though slow; memory not very good; a little herpetic eruption about left nostril, drying; tongue clean, except at root, where the coat remained; she was thirsty, but also craved food, and had been allowed to suck a little meat; bowels costive, and had been so, except from medicine; she had however used opiates occasionally, because very wakeful; she coughed often and easily, with a rattling, but did not expectorate often; she was very weak and sat up with difficulty for the

examination of the chest ; her temperature was moderate, but at times she had been hot ; the abdomen was rather full, but not tense nor hard ; it was not inspected ; on the breast there were two or three rose pimples. On this day, May 5th, I hear from Dr. Stimson that she is decidedly convalescent.

When Dr. Stimson visited these two patients on the 12th, he found several others in the house complaining of some indisposition, different in degree. Within two or three days the number under the care of him and of Dr. Spear amounted to eighteen. It was said that all these were taken sick on the 11th and 12th. I saw eleven of them on the 19th, and inquired minutely, so as to be satisfied that this was true as to them. Among these eleven one had felt unwell, without distinct local affection, previous to the present seizure ; that one had noticed for a fortnight some headache, diminution of appetite and some diminution of strength. Two others had had symptoms of bronchitis before the present disease, but not with severity. All the others had been well, as they believed, until the occurrence of the present disease on the 11th or 12th. On the 26th I saw two other patients, of whom one had been taken sick on the 13th or 14th, the other on the 18th.

The symptoms at the commencement in the patients, whom I saw and examined on the 19th and 26th, were nearly the same, except in degree or violence. Severe headache, dizziness, some chills, heat, early prostration and anorexy, occurred in almost all of them. In two or three cases only did the patients keep off of the bed after the second day, and most of them not after the first. Bleeding and evacuations from the stomach and bowels employed on the first days (the first or second), were followed by relief of suffering, or at least of pain ; but extreme watchfulness ensued, and the disease pursued its course. This course was, however, somewhat rapid, so that there were signs of convalescence in some of the cases on the 19th, being the 9th or 10th day of disease ; particularly there was a return of appetite. On the 26th I found that this convalescence had progressed in some of the patients, so that they had been removed to another house.

Among these patients I found that the tongue did not become dry and dark colored, except in two or three cases ; diarrhœa occurred in only two or three ; the abdomen was somewhat full in the second and third week, but not tense, nor generally at all tender to the touch, not even on pressure ; several of them had one or two rose pimples or spots, but not of a character strongly marked ; in two only were these spots numerous ; but it is to be remembered that at my first visit no one had been sick more than eight days, and at my second visit none more than sixteen days ; and, besides, I did not examine all the females as to the abdomen. Sudamina occurred in many of them. Epistaxis occurred in most of the cases in a greater or less degree, but not in any large amount in any one. Dizziness, especially on rising, occurred in most of the patients ; a buzzing in the ears also in most of them ; deafness in some ; stupor, slightly marked, in one or two ; slight delirium in two or three, but not severe, except in the fatal case already mentioned ; faintness, especially on motion, in one. At the time I last saw these patients there were or had been secondary affections in some of the cases, principally a bron-



chitis ; in one a pleurisy ; in one a pneumonitis ; in one a severely painful affection of the abdomen, with great tenderness on pressure about the umbilicus particularly ; and this affection was relieved by full leeching. The pulse was at 72 in one case, above 84 in all the others, in one or two above 120.

I will state as many particulars as I was able to ascertain, respecting one patient, whose general aspect was as much of what is commonly regarded as typhoid, as that of any whom I saw. This was Olive Butler, a girl, 12 years of age. She became sick on the 12th of April with symptoms like those of the rest. On the 26th I found her lying on her back, with a dingy and rather sunken countenance ; lips and teeth dark, with some sordes ; tongue dry and rather dark, not thickly coated ; mouth sore, had been more so, and with some salivation ; this salivation, &c. was possibly from calomel, of which she took one dose, as a cathartic, at the commencement of her disease, but there was not any mercurial fetor, so far as I could discover ; anorexy ; thirst ; no diarrhoea ; bowels kept open by medicine ; abdomen rather full, not very tense, tender on pressure, but equally so in limbs and all other parts ; a loose cough, without expectoration ; no eruption, neither rose pimples, nor sudamina ; pulse 120, small, not hard ; temperature moderate, though hot at times ; great tendency to faintness, and this on two days in second week so great as to be alarming ; greatly prostrated ; intelligence not good ; stupor some of the time, slight delirium often ; sleeps much in day and night.

This girl was regarded as better by the physician and those about her, when I saw her on the 26th of April. And now, on the 8th of May, I hear from Dr. Stimson that she is decidedly convalescent.

Upon inquiry respecting the history of these patients I ascertained the following from sources the most respectable and trustworthy. 1st. The factory in which they worked is for the manufacture of woollen cloth, broadcloths, &c. It is situated on the Neponset river. The wool employed this season has been uniformly American wool. 2d. The wool is picked, washed and dyed (mostly with indigo) at the upper mill. No one connected with that mill was sick with an acute disease. 3d. At the lower mill the wool is carded, spun and woven. 4th. All the operatives at this lower mill live in the boarding house, in which the sickness occurred ; except some married people and perhaps a few of the relations of these people. 5th. No one was taken sick of the fever except in this house. 6th. No one in this house was taken sick except those connected with the mill as operatives. 7th. Of those taken sick, every one had seen J. Thomson, who died on April 5th. Some of them had only seen the body after death ; others had seen her once or more while living ; two or three had watched with her in the night ; the nurses, who had attended her, had not become sick so late as the 26th of April, though these nurses were operatives in the mill, and left that to attend to her. 8th. The persons, who had the fever, had lived in Dedham and been engaged in the mill for various periods of time. Some of them had been there three and four years, others a year, others a few months or weeks. One who had been there a year or more, had been absent part of the time, and had returned within a month before the occurrence of the sickness. A boy (Bacon) who was among those first

taken sick, had entered the mill on the 25th of March of this year, and had never before resided in the town. His mother, who was also in the mill, had been there a year, and she was taken sick at the same time. 9th. The house in which the sickness occurred contained at the time about fifty-eight inmates of all descriptions. It was essentially clean, and I was assured that on examination nothing offensive was found in the cellar, nor surrounding it. 10th. On the path from the house to the mill nothing could be pointed out as offensive except a sty, which contained six hogs, nor was this peculiarly so. 11th. The house had been built as a boarding house for the operatives, and was first inhabited in January or February, 1827. It had frequently had from eighty to ninety inmates, being very large. The agent had, however, taken pains to reduce the number, and it was not considered as at all crowded this spring. The inmates of it had always enjoyed good health till now, and till now there had never occurred a death in it since it was erected.

These are the facts as they existed when the foregoing was written. This day, May 8th, I am informed by Dr. Stimson that since my last visit "one other female has been taken sick, evidently with the same fever, by the name of French, not an operative in the mill, but a domestic in Mr. Jackman's boarding house."

It appears that most of the patients are now mending ; one is not yet free from bad symptoms ; and one is in a state of great danger. This is one of the patients first taken, on the 11th or 12th of April, and was the most sick of any whom I saw at my second visit.

#### REVIEW OF CERTAIN CASES OF FRACTURE TREATED AT THE PENNSYLVANIA HOSPITAL IN 1834.

BY JOSEPH A. GALLUP, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

It appears that novelty is the ruling passion of the age ; that it is discoverable not only in the versatility of the *beau-monde*, but in graver intellects, and finds even votaries in that science intended for the preservation of health and the removal of incidents tending to destroy life. That the art of healing is capable of, and indeed needs, improvement, will not be questioned ; however, these advances must be cautiously adopted, and every step well guarded by inductions made from sure premises. We need to be alike cautious in repudiating modes of practice that have been established with great circumspection, and approved by the greatest ornaments of the profession for ages gone by.

After the lapse of some thousand years since medicine has been cultivated as a science, and that by some of the most vivid intellects, shall it now be said there is not a theorem established on which an inquirer can rest and feel satisfied ? or must he still vacillate, like the weary traveller standing on a bog in the midst of a morass ? We are not of those who doubt everything, and such as cannot decide whether we exist or not ; nor, after experiencing three score and six annual revolutions of the dark planet we rest upon, will we doubt the reality of the frosts of winter, or the scorplings of the summer solstice. As soon may we be led to doubt

these as to question *some* of the data established by our predecessors in the practice of medicine, which have been confirmed by long and patient experience. That division of the science styled surgery, as having to do with derangements more cognizable, has stepped in advance of therapeutics, the objects of which often lie concealed in the darkest and most remote recesses of the system.

We were led to these reflections on reading a "*Report of Cases treated in the Pennsylvania Hospital*," and published in the American Journal of the Medical Sciences (No. 29) for November, 1834. Our high respect and devotedness of feelings for those ornaments of our country, the mother institution, presiding over the hospital departments, as well as for the contributors and editors of the Journal, may be offered as a sufficient guarantee that the following remarks are not the offspring of malevolence, but, however inappropriate, yet may emanate from good intentions.

Experience leads to the conclusion, that injuries done to the head are more manageable than in either of the other great divisions of the system. Wounds readily heal on and about the head, when the instinctive powers of the system are properly balanced—more readily than in any other part; and the trephine is an instrument on which great reliance can be placed in recent injuries and collections beneath the cranium; indeed, experience warrants that its use ought to be extended beyond the line of its warmest advocates, instead of being restricted, and even decryed by those who take on themselves the responsibility of teachers or patrons. We will now recapitulate the cases of fracture of the cranium in the above report, and attempt to show that this instrument might have been advantageously employed in many, if not all the cases in which it was neglected to be used.

**CASE I.—Fracture of the skull with depression.**—Patient carried to the hospital in one hour after the accident; lived 6 1-2 hours after admission, with the common symptoms of compression, but no operation. Post-mortem inspection detected a large quantity of blood between the scalp and cranium, a portion of bone nearly three inches in diameter depressed, viz. the anterior and inner part of the right parietal, and across the sagittal suture half an inch on the left, and then about two and an half inches into the frontal bone. A fissure at top of one fourth of an inch, and fracture extending to the base of the cranium. Some other fractures, all which denote it to be a very bad case, with three openings in the dura mater. One gill of blood below dura mater, with some coagulations at the base of the brain. There were effusions of blood into the ventricles, and this with effusion of blood at the base of the brain might be sufficient to declare the case incurable had they been known to exist. As these circumstances could not have been known at the time, would it not have been proper to have extended the privileges of the chances of the operation to the patient, since others have lived under all the adverse circumstances mentioned, except the deep-seated effusions?

**CASE II.—Fracture of the skull with depression.**—It appears in this case that there was a "detached portion of cranium, about an inch square," removed after a tedious process of suppuration of *fifty-eight* days, and not then without some cutting. The patient recovered, and

the collateral treatment very good in this way of doing business ; yet if the trephine had been prudently used, in all probability it would have saved much distress, and instead of the patient being confined eighty-nine days at the hospital, *might* have been discharged in ten days.

**CASE III.—Fracture of the skull.**—In this case the symptoms indicated more of inflammation, after the second day, than depression ; however, this case may be passed, and comprehended in general remarks presently to be made.

**CASE IV.—Fracture of the skull, &c.**—The patient admitted into the hospital the morning after the injury. Although he had received several incisions of the scalp in the affray, “exposing a portion of the cranium,” yet there was “no fracture or depression detected.” The patient lived ten days from admission, and the whole series of phenomena indicated compression of the brain. On removing the integuments was discovered “a long fissure, extending in a curved line from one temporal bone to the other.” When the bone was removed, “a deposit of blood an inch and an half in diameter, and more than a line thick, was visible near the base of the squamous portion of temporal bone ; a line was traced by this same deposit on the outer surface of dura mater, irregular, but in most places several lines wide to the left side, where another deposit of blood, a little less than on the right, and anterior to it, was found.” Some black blood in meshes of pia mater, and a black coagulum half an inch in diameter ; similar on left side. In the ventricles, the base of the brain, and sheath of the medulla spinalis, a serosity, which no doubt was a sequence of eight or ten days inflammation.

A more prominent case for investigation, and the application of the trephine in more places than one, can hardly be indicated, and yet no mention is made of its being even talked of.

**CASE V.—Phrenitis, following an injury of the head.**—“Fracture existed in both bones of both forearms,” and this seemed to engross more attention than the injury of the head. “Large ecchymosis with tumefaction of the eyelids of the right eye and parts covering the malar bone and temporal fossa.” “Intelligence perfect” until after *three eighths* of a grain of morphia was given to quiet restlessless from the pain in the arms, followed with “extreme stupor.” “Skin extremely hot ; face flushed” &c. “Pulse 140.” It may be here remarked that this is usually the case when narcotics are used in injuries of the head and no vent has been given to the compressed contents, especially in so large a dose.

Patient lived ten days. On examination, “fracture with depression of both tables of os frontis on right side, just above the external angle of orbit ; fracture extends through the orbital plate in its whole breadth ; just above this fracture the dura mater is torn, and a coagulum of black blood exists. Summit of convolutions compressed.” The usual traces of inflammation discovered in the brain, such as injection of bloodvessels, effusion of serosity, &c. The same remarks might be made here as in the preceding case.

**CASE VI.—Wound of the elbow joint, with injured spine.**—In addition had “a wound of scalp, two and an half inches long ;” but the contusion over the lumbar vertebræ was the most important. Patient lived

five days. The symptoms of compression of the brain not mentioned, but the autopsic inspection developed "much blood on exterior of dura mater." But could this be the fact without the accompanying physiological phenomena? It seems that the injury of the spine, and paraplegia, engrossed the attention. There supervened strong symptoms of inflammation; and there was also discovered on the membranes of the spinal cord "a layer of half coagulated black blood, extending throughout all the dorsal and lumbar vertebræ." There is no probability that any operation could be of use in this case; however, the cerebral effusion ought to have been detected, and the early application of the trephine would have been justifiable, for it appears that on the first day he "moved his extremities without difficulty," but that on the third, could not "move his lower extremities with the same facility as yesterday," and the loss of motion was not complete until the fourth day.

The above are all the cases of direct injury of the head, having any connection with the use of the trephine; and as our remarks were intended to be limited to this, we need not go further. We may notice, however, that the trephine was not used or spoken of in any of the most prominent cases, except the first; at the close of this case a consultation of the surgeons of the house was called for, but the patient died before, we are told, they had time to assemble. It manifestly appears that the trephine must be an instrument but little used in that institution, and if so, we need not be surprised that so many cases of injury of the head should go wrong. The writer has not been in the way of meeting so many cases as many others, which called up the question of the expediency of using the trephine, nor has surgery been his most important department; notwithstanding, during a series of years he has met with a very considerable number of cases, and perhaps with a full share of bad ones. He has been in the habit of using the trephine quite freely, and even in doubtful cases, and he enjoys the comfortable reflection that in no department of practice has he had so great satisfaction. Some very formidable cases, and almost uniformly, have been restored, and even where the whole upper surface of the cranium has been crushed, so that it was difficult to keep the rocking bones in juxtaposition until the adhesive process commenced, and where more than one perforation was necessary to give vent to large clots of blood; and also, where the dura mater has been lacerated, and considerable portions of cerebral matter had discharged.

[To be continued.]

## REMOVAL OF CALCULI FROM THE URETHRA.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—Having in the course of my practice met with many cases of obstructions in the Urethra in consequence of Urinary Calculi, and having been under the disagreeable necessity of witnessing much protracted suffering for the want of efficient means to remedy the difficulty, I was induced in the following case to resort to some expedient for the more immediate relief of my patient.

Nov. 6th, 1834, I was called to visit W. N., a man about 50 years

of age ; he informed me he had been afflicted at intervals with a difficulty of passing his water, for nearly fifteen years, and after days and sometimes weeks of extreme suffering he had obtained relief by passing one or more calculi in an effort to void his urine. The present attack had been of about four days continuance. Discovering in him manifestations of excruciating pain in attempting to pass his water, which in quantity was not sufficient to relieve the bladder, induced me to examine the urethra, that I might discriminate between the suspected cause and a stricture. With a probe I readily detected a stone about four inches from the orifice of the urethra, which stone he said had been stationary about three days, as he was confident he had felt it through the parietes of the urethra. Thus situated in regard to the responsibility of this case, I immediately repaired to a silversmith and ordered an instrument to be made according to the following directions. A silver wire, about two thirds as large as a common-sized male catheter, nine inches in length, with a stationary ring at one end for the purpose of better controlling the instrument in an operation. At the other end, or the end to be introduced, a small silver wire, an inch or more in length, in the shape of a loop or bow, soldered to the shaft, and dilated more or less according to the capacity of the urethra or size of the calculus to be extracted. The figure below will perhaps give a better idea of the instrument than this description.



With this instrument I had the satisfaction of relieving my patient without any difficulty, or doing any perceptible injury to the parts. In evidence of this, he immediately passed his water in a full stream and with perfect ease, at the same time expressing to me his regret that such an instrument had not been used in his former paroxysms.

So admirably did this simple instrument succeed in this case, that I have implicit confidence in its utility in all similar cases, and should conceive I was doing injustice to withhold from the profession a statement of this mode of removing calculi from the urethra. The practical utility of this instrument is so obvious, and the operation with it so simple, that particular directions may be deemed quite unnecessary ; but lest I leave the subject vague, I will give the following directions for its use. The loop end of the instrument is to be carefully passed to the calculus, which will be readily discovered by the sensation communicated to the hand in which the instrument is held. Then the urethra is to be grasped with the thumb and index finger of the left hand, that the calculus may not recede ; then with a rotatory motion and a cautious effort to pass forward the instrument, the fundus of the loop will soon find its way past the calculus, which with the thumb and finger can be placed and retained within the loop, and with a moderate tractile force the operator will be enabled to remove the calculus with facility.

Yours, respectfully,  
*Providence, R. I. April 28th, 1835.*

LEANDER UTLEY.

## BLEEDING BANDS.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—In a late Journal you noticed the Bleeding Bands of India rubber, invented by Dr. Brewer. On trial, I do not find them, in the operation of bleeding, so convenient as I anticipated. There is an inconvenience in the application, and especially in the removal ; and an inconvenience, arising from the difference of the requisite force to compress the veins in the arms of different individuals, is not wholly obviated by the elasticity of the material. I have straps of India rubber, to each end of which leather is secured, which I use with small buckles. Such ligatures I think will be found very useful in bleeding, and will obviate the above objections to the circular strips or bands. I had procured them with the design of using them as ligatures over splints in fractures. In some of the modes of treatment of fractures of the lower extremities, the India rubber may, perhaps, be found useful in making the desired extension.

Yours, truly,

L. HOWE.

Jaffrey, N. H. May, 1835.

## BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 20, 1835.

## MEDICAL COUNSELLORS.

WHEN the fellows of the Massachusetts Medical Society are properly organized for the despatch of business, on the 27th of the present month, it certainly devolves upon them to revolutionize the heedless old system of electing Counsellors of the several medical districts. Usually, there has been a most lamentably languid state of feeling in relation to the men who are to be chosen ;—but a decidedly reprehensible practice has been, for gentlemen belonging to various parts of the Commonwealth to perform the labor of balloting in counsellors of whom in many instances they can only have a very partial knowledge ; and this is done, too, without participating at all in the wants or condition of each particular district.

Another subject should command the immediate attention of the Society, viz., allowing any one district not to be represented at the annual meeting. It is doubtless within the recollection of many, that several important sections of the State are sometimes entirely without a delegate. But worse than all, one person fills out such a catalogue of counsellors for a district, under such circumstances, as suits his own notions of the wants, ambition and selfishness of some half a dozen uncles, sons, cousins, and brothers-in-law, which he kindly distributes about the apartment, and such a phenomenon as an objection to the name of a counsellor thus proposed, was never known in that wise assembly. By this kind of forestalling, there have been counsellors re-elected so many successive years, that strangers who have read the proceedings must suppose great poverty in the *Æsculapian* ranks—for promotions or routine in office are almost unknown in the history of this learned body.

That it gives a practitioner an advantage to be a counsellor, over a neighbor who is not one, must be conceded : indeed, there have been examples in the medical history of Massachusetts, in which the honor of being a counsellor has been felt to be vastly consequential—encouraging an illbred and presuming ignoramus to abuse and shamefully maltreat his betters in the same profession. By looking over past memoranda, the names of some may be recognized who never ought to have had anything to do with medical legislation. There should be some discrimination used in selecting those to wield the influence of the Society, who have both the talent and the desire to raise the character of the profession. Let each one examine this matter for himself, and be careful that his masters are those of his own choice. Radicalism—a restless ambition to overturn the established order of things—has nothing to do with these suggestions ; they have been prompted solely by a thorough conviction that the present mode of making State Counsellors for such as cannot or will not do it themselves, is wrong ; and that the election of those who have no more regard for the reputation of the Society than for any indifferent affair, should no longer be tolerated by the fellows.

#### CONNECTICUT MEDICAL SOCIETY.

THE following is a list of the President, Fellows, and Officers of the Connecticut Medical Society for the present year, assembled in Convention, at Hartford, May 13, 1835.

Thomas Miner, M.D. President. Silas Fuller, M.D. Vice President. Elijah Middlebrook, M.D. Treasurer. Charles Hooker, M.D. Sec'y.

#### FELLOWS.

*County of Hartford.*—Julius S. Barnes, M.D. George Sumner, M.D. Pardon Brownell, M.D. Henry Holmes, M.D. Guy R. Phelps, M.D.

*County of New Haven.*—Ebenezer H. Bishop, M.D. Nathan B. Ives, M.D. Andrew French, M.D. Arza Andrews, M.D. Josiah F. Hunt, M.D.

*New London County.*—William Hyde. James Morgan, M.D. Ephraim Fellows, M.D. Dyer T. Brainard, M.D. William W. Miner, M.D.

*County of Fairfield.*—William T. Shelton, M.D. George Blackman, M.D. Lloyd Seeley, M.D. Rufus Blakeman, M.D. Ambrose Beardsley, M.D.

*County of Windham.*—Hiram Holt, M.D. Eleazer Litchfield. Justin Hammond. Virgil M. Palmer, M.D. Mowry Burgess, M.D.

*County of Litchfield.*—Johnson C. Hatch, M.D. Josiah G. Beckwith, M.D. Burrit R. North, M.D. Manly Peters, M.D. Charles Vail, M.D.

*County of Middlesex.*—George H. Abernethy, M.D. Ira Hutchinson, M.D. Charles Smith.

*County of Tolland.*—Joseph C. Dow. Earl Swift, M.D. Alvan Talcott, M.D.

*Committee of Examination.*—Thomas Miner, *ex officio*. Silas Fuller, Luther Ticknor, Dyer T. Brainard, Earl Swift, Joseph Palmer.

*Committee to nominate Professors in the Medical Institution.*—George Sumner, Rufus Blakeman, Milo L. North, Andrew Harris, Gaylord Wells.

*Committee to nominate Physician to Retreat for the Insane.*—Thomas Hubbard, Eli Ives, John S. Peters, William Buel, Thomas Miner.



Hon. S. B. Woodward, M.D. of Worcester, Massachusetts, was elected honorary member of the Society.

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## SMALLPOX.

A CORRESPONDENT informs us that a case of smallpox has made its appearance in Stow, Mass. Cases have also recently occurred at Charlestown. Let vaccination be promoted by the civil authorities, and the community will have little cause for alarm. Dr. Mason, of Dartmouth, Mass. in a postscript to a letter on the 12th, says—"The smallpox is now in my neighborhood. There have been two very sudden deaths, which were thought to be cases of scarlatina of the worst grade; but two others who were with them have sickened since, and have gone through the disease with unequivocal marks of genuine smallpox. Some others, who have been vaccinated heretofore, are now sick with what will probably prove to be varioloid. I shall be able to give you more particulars on the subject hereafter."

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*Copland's Dictionary.*—Part III. of this valuable publication, in which the profession of this country must necessarily feel deeply interested, was promised to be out of press in London about the first of May. With regard to the American edition of this work, of which some notice was given last week, we present the following note to the editor from the successor to the former publishers.

DEAR SIR,—I perceive in your *Journal* of the 13th, a notice of *Copland's Dictionary*, which does not convey the actual fact, and I beg you will have the kindness to correct it. The embarrassed state of the affairs of Lilly, Wait & Co. did not in the least retard the publication of the work; but the sole cause of delay is the *non-arrival* of the sheets from England. The prospect is thought to be good for the arrival of Part III. in all this month. With much respect, &c. SAMUEL COLMAN.

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*Medical College of Ohio.*—The General Assembly of Ohio have appointed a new Board of Trustees, and a hope is expressed by the editor of the *Western Journal* that something will be done—which means about as much as to say that the old faculty should have leave to vacate their chairs.

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*Cathartics.*—Dr. Powell, of Louisville, Ky. has furnished a paper for the last No. of the *Western Journal* of the Medical and Physical Sciences, on the Utility of Cathartics, which does him great credit. The author should do more, and present the profession with a volume upon the same subject—for something of the kind is needed from the pen of an experienced American practitioner, who possesses a knowledge of the diseases peculiar to this climate.

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*Botany.*—Mr. I. L. Riddell has produced a synopsis of the flora of the Western States, in a series of papers, that cannot fail of being extremely useful to the physicians spread over the vast regions of the West. Before this labor was undertaken, of the medical botany of that interesting

section of the United States, which nature seems to have delighted to dress with a profusion of her choicest and richest vegetable productions, nothing satisfactory was known, unless it were found in the occasional notes of travellers.

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*Cincinnati Medical Society.*—A fifth annual election of the officers of this association has been held, and resulted in the choice of Dr. L. C. Rives for President. In the catalogue of officials, is noticed the name of a gentleman who was chosen *minerologist*. The election of a constable would have been quite as appropriate in a medical point of view.

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*Medical Periodicals.*—On the first of July next, the Western Medical Gazette and the Western Journal of the Medical and Physical Sciences, both heretofore published at Cincinnati, will be united, under the joint editorial care of Drs. C. R. Cooper and Silas Reed, favorably known to the medical public in this part of the country, as well qualified to sustain any periodical confided to their management.

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*Cholera.*—The Memphis (Tennessee) Gazette, of April 23d, says that "Memphis has again been visited with the cholera. It made its appearance last week; in the course of three days, eight or ten well developed cases, four deaths—two whites and two blacks—three of those had had very bad health for some time. The town is again entirely healthy."

Accounts from Marseilles to the 4th of April, state that no new cases of cholera had occurred in the last two or three days. The city had been severely visited by the disease, which had carried off as many as fifty of the inhabitants in a day. It is remarkable that four-fifths of the victims were females. The terror was so great, that the principal women remained all night in the churches, in prayer for the removal of the cholera. So many of the merchants had fled from the city, that business had nearly been suspended.

We have the London Lancet, of April 4th, in which some account is given of the ravages of this fatal disease, but have no room for extracts the present week.

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*Munificence.*—The Eye and Ear Infirmary has, within a few weeks, received a bequest of \$300 from the estate of the late Deacon Parker, of Charlestown, and a liberal donation of \$500 from the Hon. Peter C. Brooks.

It is time a hospital was commenced: the surgeons of the Institution really need better accommodations. A spot at the corner of Hawley and Franklin Streets, is worth the attention of the directors. Another eligible location might be selected in Pearl Street, near the Asylum for the Blind.

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*Phenomenon.*—The Propagateur of Calais gives the following incredible statement:—A healthy young woman of Merck St. Lievin, near St. Omer, suffered for a considerable time such severe pains, that she was occasionally deprived of her senses. Lately she felt a strong inclination to vomit, and after many efforts she voided a lizard of considerable size,

which is supposed to have lodged in the stomach for a long time. Since she was thus relieved, she has recovered her former health and strength.

Within a few years, various accounts have been given, quite as remarkable, of live snakes having been vomited. Any professional gentleman who can furnish us with detailed cases, in which living reptiles have been thrown from the stomach, will confer a favor.

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*Medical Distinction.*—At a meeting of the “Royal Academy of Medicine of Paris,” held on the 17th of February, 1835, Dr. Samuel Jackson, of Philadelphia, was *unanimously* elected a Foreign Corresponding Member.

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*New Medical Works.*—A folio work, with twenty plates, illustrating fractures of the extremities, &c. by G. W. Hind, late curator of the London University Anatomical Museum, is being published in London.

Dr. Dermott, known as the author of some plates on the surgical Anatomy of the Arteries, prefaces his technicalities with a dissertation on medical politics.

Mr. John Mallan, a surgeon-dentist, has a little volume in the London press on the physiology and diseases of the teeth.

M. Louis's Anatomical and Pathological Researches on Phthisis, with notes from all modern writers on consumption, &c. by Dr. C. Cowan, will soon be for sale here.

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*A Word to the Wise.*—Mr. Justice Gaselee, in a recent case where a surgeon was brought up for operating upon a boy in an almshouse against his own will and that of his parents and the overseers, decided that it was an assault, and the jury pronounced the surgeon guilty. The question had never before come up in England. We think our professional gentlemen in America ought now to look into the matter, as we are very much inclined to the belief that such cases, or those virtually amounting to compulsion or menace, have occurred in some of our hospitals, as well as almshouses.

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*Popularity of Dr. Grant's Lectures.*—Such is the estimation in which this gentleman's lectures on comparative anatomy are held in France, Germany, &c. that translations are made into these languages as fast as the doctor can deliver them at the London University. Blainville, Geoffroy St. Hilaire and Tiedemann, are his warmest admirers. Why are they not republished here? Every man of scientific taste in America would feel the necessity of having the work.

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*Medical Translations.*—Winslow Lewis, Jr. M.D. of this city, proposes a translation of Gall on the Functions of the Brain, and Manec on the Ligatures of Arteries. They could not fall into better hands.

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By a recent decision in the District Court at Philadelphia, it appears that Dr. Dunn, who left his horse at the side of the street while he visited a patient, had a verdict returned against him for the price of a horse. The Doctor's horse was frightened, and, not being fastened, ran away, and struck the shafts of the gig against another horse and killed it.

**NOTE.**—We beg leave to direct the attention of our readers to an article on the first page of to-day's Journal, by Dr. Jackson of this city, a gentleman eminently distinguished as a teacher of Theory and Practice in the Medical School of Harvard University.

**DIED**—At Edenton, N. C. Dr. Matthias E. Sawyer, 64.—At Fort Gibson, Arkansas Territory, Dr. S. W. Hales, Assistant Surgeon U. S. A.—In Salem, Dr. Benjamin L. Oliver, aged 75, of an affection of the heart.—At Plympton, Mass. Dr. Calvin Bradford, 81.—At Bangor, Me. Dr. James Taylor, 63.—At Baltimore, Md. Dr. Alexander C. Jameson.—At Newport, R. I. Dr. William Jerauld Williams, aged 22.

Whole number of deaths in Boston for the week ending May 16, 20. Males, 10—Females, 10.  
Of consumption, 8—accidental, 2—fits, 1—old age, 1—intemperance, 2—infantile, 1—dropsy on the brain, 1—apoplexy, 1—pleurisy fever, 1. Stillborn, 1.

## ADVERTISEMENTS.

### MEDICAL NOTICE.

A PHYSICIAN wishes to purchase, in some pleasantly located town, in which there is good society, the stand and business of a gentleman who could introduce him successfully to his routine of practice. As he has a small family, a moderate establishment as it regards buildings on the premises to be sold, would only be necessary. Address to the editor of the Medical and Surgical Journal, post paid, who will furnish the address of the advertiser.  
May 20, 1835.

### PHILOSOPHICAL APPARATUS.

JOSEPH BROWN, of the late firm of BROWN & PEIRCE, 87 Washington Street, up stairs, manufactures and keeps constantly for sale, a large variety of apparatus, illustrative of the different departments of science, as Mechanics, Hydrostatics, Pneumatics, Electricity, Galvanism, Magnetism; Optics or Models of the Eye, and Acoustics or Models of the Ear, two beautiful pieces of apparatus (devised by J. V. C. SMITH, M.D.), of great worth to the medical student and anatomical lecturer. All the above articles are manufactured of the best of materials, and in a thorough manner: Models of the Eye and Ear may be seen at the office of the Medical Journal.  
Boston, May 6, 1835. 3t.

WILLIAM WILEY, of Baltimore, manufacturer of Cutlery and Surgical Instruments, No. 23 Water Street, Boston. All kinds of instruments ground and repaired. 3t.

### VACCINE VIRUS.

PHYSICIANS in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—inclusing one dollar. Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless some other mode of conveyance is directed. Ten charged quills, an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely packed in a letter. The gentleman who has undertaken to keep the virus, will faithfully supply that which is positively genuine and recently taken. It will also be furnished on application at the Medical Journal office.  
Boston, March 4, 1834.

### PHILOSOPHICAL AND ASTRONOMICAL APPARATUS.

N. B. CHAMBERLAIN, No. 9 School St. Boston, manufactures Philosophical, Astronomical, Pneumatic, Hydrostatic, and Electrical Apparatus, Mechanical Powers, &c. of beautiful workmanship, designed for Lecture Rooms and public instruction in Schools, Academies and Colleges. Portable models of the Steam Engine, put in motion by a spirit lamp, afforded at a very reasonable rate, can be obtained at any time, by addressing the advertiser by mail.  
Boston, February 4, 1835. optf.

### MEDICAL INSTRUCTION.

THE subscribers have associated for the purpose of giving Medical Instruction on the following terms:—

Convenient Rooms well furnished, with access to a good Medical Library, and the necessary facilities for demonstrative Anatomy and Surgical operations.

The privilege of attending at the almshouse and a private hospital, now in successful operation, together with the important cases, both in physic and surgery, which occur in a pretty extensive private practice. Terms—\$50 a year.

NORTHAMPTON, Mass.

Instruction in modern Dentistry will be given for a small additional compensation.  
May 13.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. OLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, post-paid. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy gratis.—Postage the same as for a newspaper.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. XII.]

WEDNESDAY, MAY 27, 1835.

[NO. 16.]

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## REMARKS UPON THE DEAF AND DUMB.

CHIEFLY FROM A PUBLICATION BY JOHN R. BURNET, OF THE NEW YORK ASYLUM.

BY EDWARD J. DAVENPORT, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

A WORK which has lately appeared under the title of "Tales of the Deaf and Dumb," contains some remarks respecting that unfortunate class of persons, which perhaps may not be without interest to the medical reader. Although the volume under consideration was especially designed, as stated by the author, "for the educated deaf and dumb, and for those who take a particular interest in the education of persons thus afflicted," it necessarily leads to the relation of observations and facts which have a bearing upon the profession of medicine. But if a notice of these facts should be considered as a deviation from the regular course of a Journal devoted to the great interests of medicine and surgery, or should the subject be deemed derogatory to the dignity of those who (striving in the path of well doing) ponder over the "tablets inscribed in the temple of *Æsculapius*" alone, it is hoped that the sympathy for the misfortunes of our fellow beings, and the desire to afford relief, which are characteristic of the professors of the healing art, may be received as an apology.

The fact that the volume before us is the authorship of one who is himself among that unfortunate class, for whose benefit it was mainly prepared, being "deaf from an early age, and, except to a few familiar ears, also dumb," will add to the interest of its perusal, to those whose time or inclination should lead them to examine the work itself. And, as in the case of those who are deprived of the use of a different organ of sense, viz. the eye, experience has disclosed the novel fact that the blind are the best teachers of the blind, so it may be presumed that one who has felt the full weight of the evils of being deaf and dumb, and has successfully surmounted the obstacles in the path of knowledge, will be best able to point out the course to others similarly situated.

With respect to the number of our fellow beings, who are deprived of the faculty of hearing and consequently of speech, the first division of this work ("On the early domestic education of the deaf and dumb") contains the startling announcement that "on a general average, one deaf mute may be found in every fifteen hundred souls: or about *half a million* of the inhabitants of this globe are deaf and dumb." "By the census of 1830, the United States then contained *six thousand one hundred and six persons* who were deaf and dumb." "Twenty years ago, there was not a single school for the thousands of our deaf and dumb

population, and twenty-five only for the tens of thousands of Europe. Now there are one hundred and thirty institutions in the world, and six of these are in this country. In these six, about *four hundred and fifty* are receiving the blessings of education."

With a view to preparing, says our author, "those who are born deaf and dumb, or who have lost their hearing by sickness or accident in early life, to derive to the fullest extent the advantages offered by the public institutions, it is indispensably necessary that their education, like that of hearing children, should commence *at home*, and at as early an age as possible."

"During the first months of existence, there is no perceptible difference between the hearing child and one born deaf. But as soon as it makes the first attempts to produce vocal sounds or articulate, the difference becomes perceptible." "The deaf child has the same power of producing sounds, as his hearing brothers and sisters, and in fact often exercises it without knowing it; but experience cannot inform him of its existence, and consequently it becomes useless to him, i. e. is never called into action." "But those signs by which nature teaches us even in infancy to communicate our sufferings and our wants, remain to the dumb; and the *eye*, the first and in fact the nearest channel of communication between mind and mind, must be taught and educated, as the medium by which those signs may be recognized." "The remedy, then, and the only but an efficient remedy for the misfortune of the deaf, is, by *making their eyes supply the place of ears*." And this rule is applicable as well in our intercourse with those who have lost their hearing at a later age, as in those who are born deaf.

"The process of teaching the deaf and dumb to speak or articulate, depends mainly upon the following points. First, to teach the deaf child to imitate the motions of the lips in pronouncing some vowel; the letter being at the same time pointed out to him. Then take his hand and put it before your mouth, that he may feel the expiration of air which accompanies utterance, when you renew the pronunciation of the vowel; and then place your own hand before his mouth, as if expecting that he should imitate you in this also. After some trials, he will probably pronounce the letter in a kind of whisper." "Finally, take his hand and apply it to your throat (upon the vocal box or larynx), and make him observe the *vibration* which takes place, when you again renew the pronunciation of the vowel. This time the child will probably utter a vocal sound, more or less resembling the sound of the letter selected for the lesson." That this process will require much patience and perseverance on the part of the teacher, is evident, but success will result eventually. "The proper sounds of the vowels depend more upon the position of the tongue, than upon the opening and position of the lips. If, therefore, the pupil does not give the desired sound at first, though he imitates the motions of your lips, it must be because his tongue is not in the proper position. You must then carefully make him observe the position of your tongue in pronouncing a letter, and for this purpose you must speak with a well-opened mouth and facing the light."

"Many children who pass for *deaf mutes*, are only *partially deaf*. Some will readily hear noises, while they cannot distinguish words,

because finding it difficult to distinguish words, they neglect to listen. Experiments made at the Parisian Institution on several such, have proved that they may be taught to distinguish sounds, by only accustoming them to listen ; and in teaching them to speak, they are often to a considerable extent taught to hear. Both their speech and hearing may be greatly improved by judicious exercise." "It is generally supposed that a greater number of children lose their hearing in infancy, than are born deaf." This fact, however, cannot be ascertained with certainty, as, in the opinion of some eminent surgeons, the faculty of hearing in infants is naturally imperfect, which explains a common remark that infants are pleased and attracted by loud noises ; and it must therefore in many cases "remain doubtful whether the child was born deaf or lost its hearing by disease." "Nothing, however, is more certain than that those children who lose their hearing, before articulation has been acquired or sufficiently impressed on the memory, will become *dumb*." The truth of the following observation will be generally acknowledged by physicians who have had much experience in diseases of the ear, viz., "that although deafness (entire or in a great degree) has been sometimes cured or relieved by medical means, yet the success of those means is in most cases extremely doubtful.\*

"Whether deaf and dumb persons are more numerous now than in ancient times, will never be known with certainty ; but in every age of the world, deafness appears to have been a common infirmity." "To whatever cause," says Professor Barnard, "it may have been owing, it was the universal sentiment, in ancient times, that the deaf and dumb were wholly incapable of instruction" ; and this was the stern decree pronounced against them by Aristotle, the master philosopher of antiquity. As late as the end of the fifteenth century, no effort had been made to afford them the benefits of instruction and education. But in the sixteenth century a new era opened upon this unfortunate class.

To show to what extent deaf mutes are capable of instruction, we subjoin the following account. "In Spain, which may be called the cradle of this art" (instructing the deaf and dumb), "certain deaf mutes, the pupils of Ponce, had been taught so that they spoke, wrote, prayed aloud, attended mass, confessed, spoke Greek, Latin (as well as Spanish), and reasoned remarkably well upon physics and astronomy." And at a later period, it is related of another, that "although insensible to the report of a cannon, he could distinguish by sight alone the words of others, and had himself learned to pronounce distinctly. Physicians and surgeons had exhausted upon him in vain every species of remedy." By way of experiment, words were pronounced in the presence of this young man, both in French and English, and he repeated them exactly.

Of Ernaud, a French teacher, it is related that he employed himself very much in reviving the sense of hearing where it was partially lost. He asserts, indeed, that he had met with no instance of *entire deafness* ! Articulation was of course his principal instrument in the instruction of his pupils.

\* The failure of a very large proportion of the operations for the cure of deafness by puncturing the membrane of the tympanum, seems to have occasioned a general neglect of an operation, which in certain cases of deafness offers the only, if not a reasonable, chance for the recovery of hearing.

Of the capability of the deaf and dumb for receiving instruction, there is no longer any doubt. The bright examples of extensive and varied acquirements which our own country has afforded, fall not much short of the instances cited above. "At the Hartford Asylum, which is the oldest on this side the Atlantic for the instruction of the deaf and dumb, the number of pupils, by their last annual report (May, 1834), was 133, which is the average number for the last three years. The number of former pupils is 344; 477 having enjoyed the advantages of the institution." This asylum, it may be observed, owes its origin to the circumstance of the deprivation by disease of speech and hearing, of a child of a respectable physician\* at Hartford; by whose exertions, aided by a few friends, a school was opened in that place in April, 1817. "The number of institutions for the deaf and dumb in this country is six, viz. one at Hartford, Conn.; one in the city of New York; another at Canajoharie, N. Y.; one in Philadelphia; one at Danville, Ky.; and one at Columbus, Ohio."

Speaking of the causes of deafness, he says, "It has been supposed that the proportion of deaf and dumb persons among the population of different districts being known, would enable us to ascertain some of the *causes* which produce deafness; but we confess ourselves wholly unable to form any opinion on that point, at least so far as respects the white population." From our author's observations, it would appear "that in *every State north* of the Potomac and Ohio, the proportion of deaf and dumb among the colored population is much greater than in *any State south* of those rivers." "It is also to be observed, that in the northern States the proportion of the deaf and dumb is much greater generally among the colored than among the white population; whereas in all the southern States, the case is precisely the reverse." Mr. Burnet concludes from this, "that deafness is frequently occasioned by the want of physical comforts;" under the supposition that the slaves of the South are as a class much better provided for than the free blacks of the North. As far as my own limited observation extends (in this city), I am not aware that the colored population presents a proportion of cases of deafness at all greater than the white population of the same situation in life, or with similar means of obtaining a livelihood. As regards the difference in favor of Southern slaves over the black population at the North, I would hazard the conjecture, that this may be attributed to the influence of the climate at the South, which is probably more congenial to the habits and constitution of the colored race than that of the North. Cold and moisture, it is well known, are among the most active causes of catarrhs, inflammation of the mucous membranes of the head and of the eyes, and also of affections impairing the hearing. Owing to a like deficiency of the comforts of life, it happens, says Mr. B., that "a larger proportion of deaf mutes among the whites belong to the lower classes." This is analogous to what occurs in diseases of the eye, the poor forming by far the largest class of sufferers from these diseases.

"From observations made both in this country and in Europe, it is estimated that at least *one half* of the deaf and dumb were born with the

\* Dr. Cogswell—since deceased.



sense of hearing. Among 276 pupils received into the Hartford Asylum up to 1829, 116 were born deaf, 135 lost their hearing by disease or accident, and in 25 cases the cause of deafness was unknown. "The greater number of those whose deafness was accidental, lost their hearing under the age of *four* or *five* years, but in several instances dumbness, more or less complete, has followed the loss of hearing as late as the age of *six*, *seven*, or *eight*, and perhaps even later." "When children are born deaf, there will very often be several afflicted in a similar manner in the same family; but when their infirmity is owing to disease or accident, they are generally single cases in their respective families. Instances of two or more children thus afflicted are not, however, wanting."

"As all children," continues our author, "are liable to become deaf, it is interesting to inquire what diseases are most usually the causes of deafness." "*Fever*s, particularly *spotted fever*, and the canker rash, most frequently destroy the sense of hearing." "Out of one hundred and ten cases, about sixty (or more than half) were ascribed to attacks of fever, and two thirds of these to scarlet and spotted fevers. Other cases were ascribed to various diseases, as the smallpox, measles, inflammation of the brain, hooping cough, &c.; and to accidental causes, as the discharge of cannon, sudden falls, blows on the head, &c." To these might be added a not infrequent cause, viz. a sudden check or suppression of the perspiration. The result of the observations of the director of the Ohio Institution, corresponds with the above statement.

Respecting the occurrence of deafness and dumbness in *several* members of one family, Mr. Burnet remarks, p. 118, that "four families contained each *five* deaf and dumb children, two contained each *six*, and one contained *seven*."\* There have been several instances in which one family contained *seven* deaf and dumb children, and Mr. B. had heard of a family containing *ten*. In this respect a striking analogy has been found to exist in cases of *blindness*; repeated instances having fallen under the notice of the writer of this, in which two or more members of one family were blind, from congenital defect of vision. Congenital blindness is, however, of far less frequent occurrence than congenital deafness would seem to be from the statements in this volume. Indeed it is a fact well known to those who are conversant with the diseases of the organ of vision, that nine tenths of the cases of blindness occurring in infancy or early childhood, are the result of diseases commencing subsequent to birth (in some cases a few days only), which terminated in the loss of vision, from neglect or mistreatment. Amaurosis and cataract are the most conspicuous in the class of congenite diseases of the eye. Congenital staphyloma is more rare, although well attested cases of this disease have occurred not infrequently.

Respecting *hereditary deafness*, or deafness transmitted from parent to child, our author remarks that "deafness, though so frequently afflicting *several* members of the same family, does not seem to be as frequently transmitted from parents to their children. Only two cases are cited by the directors of the Hartford Asylum, in which parents who were deaf and dumb, have had deaf and dumb children, although more than twenty

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\* In these cases the deafness was in all probability congenital

of the former pupils of the Asylum have become heads of families. In one of these instances, the father and four of his children were deaf and dumb; in the other, the father and two of his children."

The instance of persons who were deaf, dumb and blind, is familiar to many. The whole number of this truly unfortunate class does not exceed eight individuals.\* "In only two of these cases was the deafness and blindness from birth." All these have occurred within the last thirty or forty years.

Respecting the cases that have occurred in Ireland (stated at three or four), the Committee of the Irish Institution at Claremont, near Dublin, state "that they have all been the consequence of that scourge, which prejudice would still inflict on the human race, smallpox."

The consideration of the above facts induces us to express a hope that physicians will make it a point of duty to investigate carefully such cases of deafness and dumbness as may present themselves to their notice, and give to the medical public the results of their inquiries. By so doing, they may throw some new light upon the hidden and obscure causes of so great an infirmity as deafness, and remove—at least in part—the imputation that diseases of the ear have not received the degree of attention from the enlightened and philanthropic medical profession, which their importance to the well being and comfort of the community demands.

*Boston, May, 1835.*

## REVIEW OF CERTAIN CASES OF FRACTURE TREATED AT THE PENNSYLVANIA HOSPITAL IN 1834.

BY JOSEPH A. GALLUP, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

[Concluded from page 237.]

It is not a little surprising how easily extensive injuries of the head are manageable, when there is free vent given, and the atmospheric pressure admitted to assist in keeping up an equilibrium of circulation. Besides this, it would seem that the irritation in the integuments from the incisions in the scalp, assists to transfer the internal irritation to the surface, and by this transfer of local irritation to another texture, renders the irritation of the brain less impressive. It will be insisted on, that excess of inflammation may be quite surely suppressed when free vent is given to the internal pressure and congestive state of the cerebral organs. In no instance has the writer had a case of this description go wrong in the after treatment. A small fissure, even without depression or effusion, is liable to inflame, and the case is also liable to a greater danger from inflammation and its sequences, than a large fracture with depression and effusion of blood, where incisions have been freely made and the trephine used.

However, in order to insure success, this instrument ought to be early used in every case in which it becomes necessary. At the onset, in bad cases, it is never necessary to wait for the reactive processes; for most

\* Many of the deaf and dumb, however, are blind of one eye.

commonly, the exhaustion of vitality depends on inability of nervous energy from the compressing force, and as soon as this is removed the restorative processes take effect; and furthermore, the stimulations made by the operation itself are the surest and safest means of exciting the instinctive energies of the system. The longer a case is delayed, where depression and effusion exist, the greater will be the engorgements, and the more will the part be assuming the inflammatory processes, and the recuperative powers less liable to take effect.

Having had no opportunity of reading Dr. Spurzheim's *Observations on the deranged Manifestations of the Mind* until within a few days past, although the book had been in my hands for more than a year and a half, it was gratifying to observe a coincidence of reflections on these subjects, in part at least. This author mentions M. Foville, whose writings have never come to my view, having advanced a new method of treating phrenitis, viz. by having recourse to the trephine. The entire object of M. Foville seems to be the admission of atmospheric pressure. See p. 242, M. C. & L.'s ed., 1833. Dr. Spurzheim made the following suggestions:—"I am disposed to think this method deserves consideration and trial, considering the fatal tendency of the disease. I have often been surprised to notice that severe blows on the head, which fractured the skull to such a degree as to make it necessary to remove considerable portions of it, *have been followed by no bad consequences*; while, on the other hand, I have frequently known slight blows upon the head, which in some instances have not fractured the skull at all, and in others only the outer table, *to be followed by inflammation and other alarming symptoms and death*. I am therefore of opinion that an opening in the skull might be beneficial in such cases."

However, it may be noticed, that in the instance of *phrenitis* the trephine might as well be interdicted; for there is scarcely a probability it will ever be employed seasonably to save the case, or before unrelievable organic changes have taken place. Notwithstanding, in the instance of injuries of the head giving origin to a train of similar phenomena, it may be used as a prophylactic remedy to the safety of thousands.

Epilepsy has been known to follow the use of the trephine, probably from a thickening of the cranial bones; yet, however, there are not so many cases of this as from a neglect of this instrument in recent injuries of the skull. Some cases of traumatic epilepsy have been cured, by the operation, of long standing, in which it had been omitted at the time of the injury; one recently by Dr. Dudley, and this gentleman seems to have used this remedy in five other cases of epilepsy with decided benefit. It has been used by Mr. Cline and others, and there appears to be little room to doubt but the operation might be often useful in many chronic cases of diseases of the head, if it should be inadmissible in the highest grades of deep-seated inflammation.

In illustration of the foregoing suggestions, the writer feels inclined to take a short review of some adventurous cases that have occurred within twenty years past, and which are vivid in recollection in all their essential points. His present location, however, deprives him of the benefit of references, they having occurred in the county of Windsor, Vermont. They will be related in the order in which they occurred.

**CASE I.**—A child, a year and a half old, fell from a table on to the floor, and touched on nearly the centre of the left parietal surface. There could scarcely be discovered a contusion, and certainly no ecchymosis or any tumefaction. All that gave the case any importance was a complete *paralysis* of the whole of the right side of the body. On using a delicate tent, a strong presumption arose that there might be a fissure. Upon balancing all the circumstances of the case, our determination was to lay the cranium bare. This being done, a fissure did appear, about one and a half inches long, but not a drop of effusion. The next suggestion was, that there possibly might be some effused blood beneath the skull, which might produce the hemiplegia of the opposite side. A button was taken out ; but the dura mater exhibited the fairest aspect, without any appearance of effusion. However, the result was, the next day the child began to move his limbs, and in three days the paralysis was entirely gone, and the wound gave no trouble. *Query.*—Could this have been a case of congestive paralysis, on account of the exhaustion of nervous energy from the blow, and were the stimulations of the operation useful in exciting absorption ? And again, would not the operation be more efficient for this purpose than simple scarification, with even cuppings and leechings ?

**CASE II.**—A man, aged about 30 years, fell from his horse at full speed. He had the usual symptoms of concussion ; but no material injury could be detected where it appeared he struck the ground, at the anterior margin of the right parietal bone. He inclined to sleep, but could be roused, and sometimes answer correctly. He had low fever succeed, with signs of sub-inflammation. He was repeatedly bled, purged, with a moderate use of all the lowering treatment for *three weeks*, and all without any apparent benefit.

It was now determined to use the trephine, whether we might discover anything preternatural or not. A button was taken out, after making a free incision, as nearly as we could on the site of the contused part. Nothing more was discovered than would have been on the head of any well man. However, note the sequel ;—by the next day he showed some signs of amendment, and from that time gradually recovered. It might be noted, in conclusion, that this man has constantly attended to business, but it is the general opinion that he does not possess the clearness of intellect he had before the injury.

**CASE III.**—This was a more recent case of a laborer, aged about 28 years, who fell from the high beam of a barn fourteen feet on to the floor. He was comatose for an hour or so, and was then attacked with almost incessant, and unrelenting epileptic convulsions. He scarcely had time to have the froth wiped from his mouth, and catch a little breath, before he was attacked again. He continued in this situation about eight hours before seen by me, at 9 o'clock in the evening.

In this case no material injury could be discovered either on the head or elsewhere, only a slight contusion on or about the lambdoidal suture of the right side. There was but little tumefaction, and no signs of a depression. He was now bled freely ; and in about half an hour bled again, yet with some difficulty on account of the muscular agitations. No medicine, or anything else, could be swallowed. In about an hour from

first seeing him, it was determined to perform the operation. A free incision was made in the integuments through the contused part, and a button taken from the posterior verge of the right parietal. It was effected with some difficulty and delay, on account of a bad light, and the almost incessant agitations, yet no accident happened. There was no trace of a fissure, nor effusion on the dura mater; however, as this stood prominent, it was punctured, but no effusion beneath.

It was noticed before, or whilst the wound was dressing, that the convulsions were not so strong and constant as they had been. After the wound was dressed, he had only two slight epileptic spasms within the first hour, and then slept until morning. He then awoke and showed some signs of intelligence. He was seen by me only once after; did well in all respects, and in a few weeks came seven miles on foot merely to see me, and thank me for my attentions to him. After the operation, a physician present stated he had known a similar case in an adjoining town, which had been relieved in a like manner by the operation, and this is all I can say of that. Whether the operation in this case had an influence in effecting a subsidence of the convulsions, or whether they were merely coincidents, others may conjecture as well as myself.

*Lowell, Mass. May 5th, 1835.*

#### PROLAPSUS UTERI AND PESSARIES.

IN the following communication from our friend, Dr. Brewer, the reader will discover that an important instrument has been devised, of incalculable value to a large class of sufferers, for whom the physician prescribes with less advantage, ordinarily, than for any of those complaints originating in mere physical debility. There is something philosophical in the plan of treatment, and several of the most eminent practitioners in Boston speak of it in decided terms of approbation, having demonstrated the utility of this pessary in some of those perplexing cases of prolapsus which seemed to bid defiance to all skill. Having inspected the instrument ourselves, and learned from others its admirable success, we unhesitatingly recommend it to the patronage of our medical brethren. It is on sale at Messrs. Brewer & Brothers, No. 92 Washington Street.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—If the following remarks on the subject of Prolapsus Uteri and Pessaries are acceptable, please insert them in your valuable Journal.

I was led some time ago, by the number and variety of pessaries inquired for and sold, to reflect on the question, whether those in common use were the best adapted instruments that could be contrived to effect the intended purpose. The first idea that suggested itself to my mind was, that they were unnecessarily heavy, and tended by their weight to aggravate the disease. In consequence of this suggestion, I made some cork pessaries, and varnished them so as to prevent the absorption of moisture. In this way I obtained one of three inches diameter, which weighed only 156 grains, whereas the French elastic pessary, which is the lightest of the common form, and of the same diameter, weighed 491

grains. I thought this at that time a considerable improvement ; but not being exactly satisfied that I had arrived at the ultimatum, I read all that I could conveniently have access to on the subject, and found that cork pessaries had been used both in England and France, but could not find that the results from their use had been very satisfactory.

Some time after this, a man from the country called on me to get a pessary, but wanted one over five inches diameter, as one of less size, he said, would be of no use. As I had never seen or heard of one so large, I inquired of him whether one of the size inquired for had been used from the commencement of the case. He answered that he began with one about two inches in diameter, but had found it necessary, from time to time, to continue increasing the size, until one of the enormous dimensions now called for was necessary. I inquired also in relation to the general health of the patient, who was his wife, and he informed me that she had been confined most of the time for ten years past in a recumbent posture, and was entirely unable to do any work. He further stated that she was now extremely emaciated, that her appetite and digestion were much impaired, and that, in short, both she and himself utterly despaired of her recovery, but were willing to try any experiment that offered the least prospect of even temporary relief. I thought this case spoke volumes on the subject which I was desirous to investigate. It appeared to me, that at least in this case the pessary had been instrumental in increasing the evil it was designed to remedy. My theory on the subject was as follows. If the pessary supports the uterus, it must first be supported itself. Now how is this effected? Evidently, if the pessary be of the common form, it must be retained in its place by the combined elastic and muscular force of the vagina. The muscular action cannot be perpetual, and when it is tired out, you want a larger pessary, and you thus go on dilating the vagina and rendering the descent of the uterus more easy, instead of curing the case. It may be objected to this theorizing, that some cases of prolapsus do get well under the use of the common pessary. To this I would answer, that youth, a good constitution, the "*vis medicatrix naturæ*," or medical treatment, directed to the improvement of the general health of the patient, singly, or a combination of these circumstances, cures the disease in spite of the common pessary.

We will now lay aside theorizing, and proceed with the case in hand. The man asked me if I could not contrive something better than the common pessary. I procured for him one of boxwood, with a straight, hollow, cylindrical stem, and directed him how to have his bandages made and how to attach them to the pessary so as to obtain an *external* instead of the common *internal* support, and requested him at a convenient opportunity to inform me of the result obtained by its use. I saw him about five months afterwards, and he informed me that his wife had perfectly recovered her general health, and was fat and hearty and as able to work as anybody—and further, that the local disease was entirely removed, and that she now went without any pessary at all. The diameter of the pessary used was about 2 1-4 inches. His wife was willing to have the case reported, but from false delicacy was unwilling to have her name used.

At the time I contrived the above-mentioned pessary I did not know, although I now know very well, that pessaries of similar principles and construction had been before used.

I have now made an additional improvement, as I think, in giving the lower part of the stem a curved form, thereby preventing any irritation that might arise from sharp edges or corners.

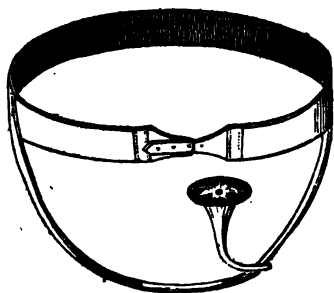
I contemplate making further improvements in the construction, and have now several new ideas, waiting mechanical execution.

Yours, respectfully,

NATHANIEL BREWER, M.D.

*Boston, May 15, 1835.*

The following cut of the above-mentioned pessary is so plain that it at once explains itself to a medical man.




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## BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, MAY 27, 1835.

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### DENTAL CHARGES.

OUR readers will recollect a reference which was made a few weeks since, in this Journal, to a lawsuit in this city, in which it was contended by the defendant, that a distinguished dentist of School Street, Dr. Bemis, had brought an exorbitant charge for his professional services. Within a few days we have been put in possession of all the main facts in the case, illustrative of the point at issue, and in giving them to our readers we feel constrained to say that there does not exist a more high-minded, talented and honorable class of men, than the dental surgeons of Boston. In the plaintiff's letter to his counsel, given in connection with the testimony, which we deem of sufficient importance to republish without abridgment, it will be seen that Dr. Bemis has made advances in his profession, wholly unnoticed by authors. Though he has in this instance failed to sustain a claim to what he honestly considered a just compensation for his services, it will have a tendency, in the sequel, to methodize the fee bill, a thing devoutly to be desired in this metropolis. Were the dentists to form themselves into a distinct society, as has recently been done in New York, they would all act harmoniously, mutually benefiting each other, and alike contribute to the elevation of the profession.

Our correspondent says—The case was tried in the Court of Common Pleas in this city. The parties were Dr. Samuel A. Bemis and Mr.

Samuel Phipps, and the action was brought to recover for services in dentistry done by the former for the latter and his family. The whole bill was twenty-nine dollars and seventy-five cents, of which an item of twenty dollars was the only subject of dispute. This was for a surgical operation on two of the teeth of the defendant, which had been broken off by an auctioneer's mallet, while attending an auction in New York. The defence set up was that the charge was exorbitant, and several dentists were called as witnesses.

Dr. Harwood testified that some time after this operation, he examined the jaw of Mr. Phipps, and put in new teeth, and so far as he could learn from inspection, he thought that what was done was of a temporary character and calculated principally to relieve the patient from pain. He supposed it could have been done in thirty minutes, and that from \$3 to \$5 would be a proper charge. The usual charge for mineral teeth was \$10 each, and this was what the defendant paid him for the two which he inserted.

Dr. Keep testified that from the account given by Dr. Harwood of the operation, he should think \$3 a reasonable charge. This was what he had for filling teeth, and did not think this was more difficult.

Dr. Parsons thought he should charge nothing to his regular employers for such an operation, but to a stranger he might charge \$2 or \$3.

Dr. Greenwood said he had been a dentist forty-six years, during all which time the charges in that profession had been growing higher. He could not keep up with the age. For such an operation he should charge nothing.

Mr. John B. Jones certified that Dr. Bemis lived with him and was engaged in the business of watchmaking twenty-five years ago—that he was a self-educated man—had been in his present profession seventeen years, and had met with good success.

The defendant brought into Court the sum of \$15.50 in full for the bill, and the jury decided that that sum was sufficient.


All the witnesses except Dr. Greenwood certified that they charged from \$2 to \$3 for filling teeth.

William Brigham, counsel for plaintiff; Ellis Gray Loring, for defendant.

Boston, April 15, 1835.

*William Brigham, Esq.*

Dear Sir,—The principal *surgical* and *dental* operations, alluded to in Samuel Phipps's bill, submitted to you for collection, are, *first*, *extraction* of the *nerve* and other central vascular substance of the upper *canine tooth* of the right side of the upper jaw. This was an operation to relieve *patient* (Sam. Phipps) from *extreme suffering*, occasioned, as he said, by the stroke of an "auctioneer's mallet," which broke off the crown of his 2d eye tooth (and also its neighbor's), by a *cross fracture*, something as represented by the accompanying drawing in outline, which is a side sectional view of the eye tooth.



The *second operation* on this useful organ, the eye tooth, was for the purpose of the more effectually preventing farther *inflammation* of the *nerve*, and also to prevent *ulceration* of the *lining membrane* of its *socket*. My long experience in this operation (13 years), and the high tone of praise that has been so repeatedly elicited by it, and from many, I may be permitted to add, of the most intelligent individuals in the Union, must long ere this, it is humbly believed, put every doubt as to the efficacy of the operation entirely out of the question. The fee for this operation alone (when it has been done for



the well-informed), has uniformly been ten dollars—and, what is of far more value, the usual accompaniment of politeness in generous expressions of thanks. This *second operation* is not, to my knowledge, laid down in any of the dental works, nor is it done by the other dentists, so far as I am informed.

The *third operation* on said eye tooth was for the replacement of its broken *crown*; an operation too well known to require description.

The *three operations* here spoken of were also performed upon the upper right lateral incisor, which, as suggested above, was broken at the same time with the eye tooth; vide figure—a side view of the lateral incisor.

The other operations named in the *bill* are sufficiently described, it is believed, to be understood. Very respectfully,

Your obedient servant,

S. A. BEMIS.



### THE DEDHAM EPIDEMIC.

HAVING received the following appendix to the report in our last number upon the late epidemic at Dedham, which could not with propriety be deferred another week, we have been reluctantly obliged, in giving it an insertion, to postpone a variety of interesting medical intelligence.

#### To the Editor of the Boston Medical and Surgical Journal.

SIR,—The last week there died at the Woollen Factory at Dedham, a boy, about 12 years of age, who was among those taken sick on the 11th and 12th of April. Diarrhœa had occurred in his case more than in most of the others. The cerebral symptoms were strongly marked in the latter part of his disease. I did not see him after April 26th; on that day his symptoms did not excite so much alarm as those of two others, who are now convalescent.

Dr. Putnam saw him on the 21st of April, when he noted the following symptoms, viz. great thirst, pain in stomach and bowels, abdomen full and firm and somewhat tender on pressure; drowsiness, with occasional wandering, as reported by nurse. On the 24th also Dr. P. saw him, and then found the skin warm and moist, face somewhat flushed, lips dry, teeth covered with sordes but not dry, pulse 102, respiration 36, slight cough, occasional pain in the head, buzzing in the ears with some deafness; he learnt also that the boy talked in his sleep, and that he had epistaxis early in the disease, not afterwards. The patient had not diarrhœa at the period of either of these visits. At the last visit he had sudamina distinct, and some rose pimples not very distinct.

At the invitation of Dr. Stimson my young medical friends went out to attend the autopsy, on May 15th, and I have just now received the notes of it from Dr. J. B. S. Jackson; these I subjoin.

*Externally.*—Rigidity moderate.

*Head.*—Very copious effusion of clear serous fluid under the arachnoid; this membrane itself, over a considerable portion of the convexities of both hemispheres, had an opalescent appearance and felt thick and firm, especially toward the longitudinal sinus; moderate quantity of blood in veins of pia mater and in sinus. Brain unusually firm, with some increased quantity of serous fluid in lateral ventricles; otherwise healthy.

*Chest.*—One or two ounces of clear serous fluid in each pleura, but

no lymph, nor adhesions. Lower lobe of right lung in the first stage of inflammation; the posterior part of the middle lobe, generally, in the same state; but in a few points of this lobe the inflammation had passed to the third stage, yet no red hepatization was found; the bronchia contained a considerable quantity of puriform mucus, perhaps pus, and their inner surface appeared quite red. Otherwise the lungs were healthy.

*Abdomen.*—A few ounces of clear serous fluid in the peritoneal cavity. Stomach not distended; contained a considerable quantity of transparent mucus; some cadaveric softening of mucous membrane towards left extremity; no "mamellonnement." Small intestine of moderate size, except in upper part of ileum, where it was contracted; contained a considerable quantity of mucus, more or less mixed with some thin fluid, and deeply colored with bile; several of Peyer's glands in the jejunum, and one of them quite high up, were in a state of acute inflammation, though in a slight degree—that is, they were thickened, of a reddish color, and somewhat soft; in the last six feet of the ileum were very numerous ulcerations, getting more so and larger towards the termination. A remarkable peculiarity in this case was that, for the most part, the ulcers did not appear to be in Peyer's, nor in Brunner's glands, but in the mucous membrane proper; these ulcers were, more or less exactly, circular; on an average more than a line or two in diameter; and scattered very irregularly; several were from three to five lines in length, of a lenticular form, with remarkably defined edges, a clear surface on which the muscular fibres were seen, and showing as complete a loss of substance as if a part had been punched out; around these there was no thickening, nor redness, but around the smaller ulcers there were. Just on the cæcal valve were two irregular ulcers, and a little higher up another, which were perhaps equal to two thirds of an inch square, and the upper one bad, attached pretty firmly to it, a sort of scab of a yellowish brown color and firm consistence; within a few inches of the valve were two or three patches of Peyer's glands, which were not much, if at all, more inflamed than those in the jejunum, certainly not ulcerated, except that one of the ulcers partially encroached upon one of them, leaving the greater part of it unaffected. There were not seen any of Brunner's glands; whether the small ulcers had their origin in any of these glands could not be decided by any anatomical evidence. The large intestine was of a moderate size and contained, here and there, small quantities of soft, light-colored, healthy feces; towards the left side were a few ulcers, of which one measured four lines in diameter and had on its margin two small ulcers; the margin of this larger ulcer was not thickened, but the small ones were seated on and surrounded by thickened parietes. The mesenteric glands opposite the ileum were enlarged, of a dull, red color and friable, but much less so than in the other fatal case of which an account has been published; in one of these glands was observed a small point, in which suppuration had commenced. The liver was healthy; the gall-bladder was filled with liquid, orange-colored bile. The spleen was enlarged, but in color and consistence natural. Kidneys and bladder healthy; this last strongly contracted and nearly or quite healthy.

This patient is the third who has died among those, of whom I gave you an account on the 8th instant; and the second, if we do not include the first fatal case on the fifth of April. It is thought, or was when I last heard from Dedham, that those who remain sick will recover. Among the convalescents are two, who appeared on April 26th more sick, and one of them much more sick, than this boy.

I have abstained from comment on this family epidemic, if it may be so called. It is better to wait for facts respecting fever, confined to a particular house, as often happens, before we begin to make inferences. Some facts relative to such limited diseases I published in the *New England Journal of Medicine* several years ago. It is to be wished that those who witness such instances of disease, would furnish us more minute histories of them, than I have been able to give now, or than I did give then.

Yours, respectfully,

J. JACKSON.

*Boston, May 22d, 1835.*

*Annual Meeting of the State Medical Society.*—At the hour of 10 o'clock to-day, the fellows will assemble in this city for the despatch of business. From appearances, thus far, there is a prospect of a fair representation of the medical interests of the Commonwealth. As far as possible, we shall report, in the next *Journal*, in a condensed form, all that may be of consequence to the profession; reserving for future consideration the weightier matters usually growing out of the doings of a public body.

*Table of the Arteries.*—One of the most industrious laborers in the vineyard of medical science in this country, is Dr. A. S. Doane, of New York. Scarcely a week passes by without the announcement of a new production from his pen. Before us is a folio table of the arteries, translated by that gentleman from the French of Chaussier, so systematized, that to the student it must prove exceedingly acceptable. Were a few copies left on sale at this office, they might possibly find purchasers.

*Smallpox.*—Cases of smallpox have occurred, says our correspondent, Dr. Handy, in the vicinity of Westport, Mass. At New Orleans, too, at the last dates, the same disease existed; in addition to which, the cholera, that scourge which still lurks upon the borders of the land, has occasionally developed itself. A case also occurred in Dorchester, Ms. on the 25th.

*Massachusetts General Hospital.*—Dr. John B. S. Jackson has received the appointment of Assistant Physician, an office recently created in this Institution.

*Preparations of Mercurial Ointment.*—M. Derby, a pharmacien of Crepy, has published a formula for preparing this article, much superior to the old method. First, melt the lard and pour it into a large vessel, to be afterwards placed on a hair sieve, in a dry place, out of the reach of dust. At the expiration of fifteen or twenty days, it will readily mix with seven or eight times its weight of mercury: the more rancid it becomes, the greater is its power for combining with the metal. If kept a few months, it will readily incorporate with thirty-two times its weight of quicksilver. To the apothecary, this simple discovery must prove highly advantageous, as the present mode of making mercurial unguent is the most tedious, if not vexatious of his manipulations.

*Multum in Parvo.*—Among other statistical paragraphs, it is said there are two thousand six hundred and fifty physicians in the State of New York. One third, at least, of this number, are supposed to reside in the city of New York.

**TO CORRESPONDENTS.**—Prof. McKeen's curious case of Retroversion of the Uterus, in our next.—Also a paper from our learned correspondent, on Insanity,—and one on the use of Iodine, by Dr. Hubbard, shall have immediate attention.

**DIED**—In Roxbury, by suicide, Gerard Dayers, M.D. Surgeon U. S. Navy.—In Paschalville, Kingessing, Pa. Dr. Henry Paschal, in the 88th year of his age.—At Strasburg, very recently, M. Lobstein, clinical professor of the faculty of that city, of a disease of the bladder. This is the second professor belonging to that great school, who has died within about a year. Only three weeks before the death of M. Lobstein, M. Foedere, a valuable author on Medical Jurisprudence, breathed his last in the same city.

Whole number of deaths in Boston for the week ending May 23, 36. Males, 17—Females, 19.

Of dyspepsia, 1—infantile, 2—croup, 1—dropsy, 3—consumption, 5—old age, 4—lung fever, 2—apoplexy, 1—accidental, 1—child-bed, 1—brain fever, 1—pleurisy, 1—acrolia, 1—typhous fever, 2—scarlet fever, 1—fit, 1—palsy, 1—liver complaint, 1—disease of the brain, 1—debility, 1—decline, 1.

### ADVERTISEMENTS.

**DR. BUXTON'S PATENT PAPILLARY SHIELD, OR PROTECTOR, FOR LADIES' SORE NIPPLES.**—This new and useful instrument guards the nipple from all external pressure, and allows the milk to be drawn away by the child with perfect ease and freedom. It consists of a circular stock of wood, ivory, or other suitable material; the lower part of which is about two inches in diameter, and forms an exterior rim of about one third of an inch around the superior part of the stock, which is also circular, and is about an inch and a half in diameter and about an inch deep. A circular chamber of about one inch in diameter is perforated through the lower centre of the stock. This chamber receives the nipple, when the lower surface of the stock, which is rendered slightly concave, is applied to the breast. By a metallic plate inserted in the top of the stock, is fixed a teat covered with gum elastic, for the accommodation of the child's mouth. In the side of the instrument is a small aperture communicating with the chamber, closed on the outside by a spring key, the use of which is to supply the chamber with atmospheric air, when necessary; air being the only pressure required to expel the milk through the excretory ducts of the lacteal glands or vessels of the nipple.

In using the above instrument it is necessary that its chamber should be large, moderate, or small, according to the size of the nipple—therefore the purchaser should ask for a proper sized one—as a perfect operation depends upon this precaution.

Sold wholesale and retail in Boston, by WILLIAM WARD, No's 26 and 27 India street, and PRINSON & ROWLAND, Apothecaries' Hall, 183 Washington street, and Apothecaries generally.

### MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of MEDICAL INSTRUCTION, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive Clinical Lectures on the cases which they witness there.

Instruction, by examination or lectures, will be given in the intervals of the Public Lectures of the University.

On Midwifery, and the Diseases of Women and Children, and on Chemistry By Dr. CHANNING.

On Physiology, Pathology, Therapeutics, and Materia Medica By Dr. WARE.

On the Principles and Practice of Surgery By Dr. OTIS.

On Anatomy, Human and Comparative By Dr. LEWIS.

For the greater accommodation of the Class, a room is provided in the house of one of the instructors, having in it a large library, and furnished with lights and fuel, without charge to the students.

The Fees will be, for one year, \$100. Six months, \$50. Three months, \$25.

The Fees are to be paid in advance. No credit will be given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. WALTER CHANNING, Tremont Street, opposite the Tremont House, Boston. 6m.

Boston, April 1, 1835.

WALTER CHANNING,  
JOHN WARE,  
GEORGE W. OTIS, JR.  
WINSLOW LEWIS, JR.

### MEDICAL NOTICE.

A PHYSICIAN wishes to purchase, in some pleasantly located town, in which there is good society, the stand and business of a gentleman who could introduce him successfully to his routine of practice. As he has a small family, a moderate establishment as it regards buildings on the premises to be sold, would only be necessary. Address to the editor of the Medical and Surgical Journal, post paid, who will furnish the address of the advertiser. May 20, 1835.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by Dr. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy, *gratis*.—Postage the same as for a newspaper.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. XII.]

WEDNESDAY, JUNE 3, 1835.

[NO. 17.]

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## CASE OF RETROVERSION OF THE UTERUS.

BY JAMES M'KEEN, M.D. PROF. OF OBSTETRICS, ETC. IN BOWDOIN COLLEGE, ME.

[Communicated for the Boston Medical and Surgical Journal.]

THE following case is the only one of the kind which ever occurred in my practice, and I do not remember to have met with the description of one of a similar character. Should you think it deserving of a place in your Journal, you are at liberty to publish it.

On the 22d of October, 1833, I visited Mrs. B. of the town of B——, at the request of her husband, in consultation with G. W. Tinker, M.D. who was a physician in the neighborhood. Mrs. B. was a brunette, 36 years of age, of a frame and stature exceeding the ordinary size of women, and had been healthy, vigorous, and fleshy. Between three and four months before this, she had been delivered of her fourth child. She had never been well since. Her bowels were in an unnatural condition, she was troubled with difficulty in passing her urine, and complained of pressure in the hypogastric region, and through the pelvis to the inferior extremity of the os coccygis. Supposing that there might be a *procidencia uteri*, I suggested to Dr. Tinker the expediency of resolving the uncertainty by an examination. The patient not choosing to comply with my request, I declined assuming any responsibility in the case. In three or four days another physician was consulted, who thought the patient laboring under a stonach difficulty, and a disorder of the alimentary canal; and his opinion corresponding with the views of some of the lady's friends, he was retained as the attending physician. After an attendance of three months, this gentleman discontinued his visits. Not finding herself essentially better, she yielded to the solicitations of some of her friends and employed in succession a variety of quacks of every hue and character. These bloodsuckers successively drenched their too credulous patient with their farrago compounds of an empirical pharmacy, until she became convinced that if her disorder was in the blood, and *physicking* could procure the ejection of its impurities, it was high time for her to be well again. About the middle of April, 1834, and nearly six months subsequent to my visiting her, I was requested by Capt. B. once more to make his wife a professional call, and consented to do so with very great reluctance. Although more emaciated than when I had last seen her, her symptoms were essentially the same—there was the same pressure low down in the pelvis, and the same difficulty in procuring evacuations from the rectum and bladder. She had menstruated for the three last periods. Upon making an examination, to which no objection was now made, to my surprise, instead of a *procidencia uteri*

which I expected to have found, I discovered a *retroversion* of the uterus. The fundus of this viscus was reflected upon itself, and against the rectum, and was impacted below the salient portion of the sacrum by an accumulation of fecal matter above. This position apparently explained the long-standing difficulty of procuring evacuations; when the pressure was for the most part posteriorly, the passage from the bowels would become obstructed, and there would be the more room for the passage of the urine. On the other hand, when the pressure in the upper part of the rectum reached a given point, the uterus was thrown more anteriorly, and then copious evacuations followed from the bowels, but scarcely a drop of urine would pass in the 24 hours. After reflecting upon this singular case, it seemed to me evident that the uterus had been in this strange predicament for nearly nine months.

In what manner, it may be asked, could the uterus have been thus displaced? I have too much confidence in the skill and integrity of Dr. T. to suppose it was owing to any fault of his during her labor. I can offer no better explanation of it than to suppose, that during her convalescence, and before the uterus had reacquired its natural size, a casual distension of the bladder had caused the retroversion. The posture, too, of the patient, lying upon her back, would tend to produce the same effect; especially as the pelvis was large, and the uterus could not receive that support which a compact and well-formed pelvis, and of the standard dimensions, would have afforded it.

*Treatment.*—The bladder and rectum having been completely evacuated, I introduced my finger into the vagina, and attempted to raise the fundus upward. I could succeed in pushing it up to a very considerable elevation, yet it immediately returned again on withdrawing the support. I next passed one finger up the rectum (where I had a better opportunity of acting on the fundus), and pressing the fundus upward, while with the index of the other hand I drew downward and backward the neck of the uterus. I failed, however, and every subsequent attempt was but a repetition of defeat. As there was a great deal of tenderness and pain, caused in part by my attempts to reduce the position of the uterus, I ordered a few leeches to be applied from day to day until I saw her again. I had also the lower part of the sacrum scarified, and cupping glasses used, and directed an *enema* of salt and water to be used at least as often as once in 24 hours. After an interval of a few days, I again visited my patient. The position of the uterus was unchanged, yet there was less tenderness of the parts, and she expressed a decided relief from the local abstraction of blood. I made several attempts at this visit to rectify the position of the womb, but with no better success than before. Tired of being foiled, I at length desisted, and gave directions to be on the alert, not to suffer the rectum and bladder to become surcharged by their contents; in hopes that the uterus, if freed from the embarrassment of its collateral viscera, might become more disposed to assume its proper direction.

For several months past this lady had experienced occasional hæmorrhages from the uterus, and about the latter part of April she experienced a repetition of it. I was called at the time, and supposing that something might have escaped from the uterine cavity, or was about to be expelled,

I made an examination, but everything remained *in statu quo*. Two or three times between this and the 10th of May, I visited this patient, and never left the house without attempting to raise the fundus of the uterus into its proper position, but in vain. The peculiar character of the case made it one of extreme interest to me. She was apparently diminishing in strength and wasting in flesh every day. She was harassed by a great multitude of morbid sensations, the progeny of an irregular hysteria, and dependent in a great measure on the distorted position of the uterus. Early in May, Doctor Sweetser (then lecturer on the Theory and Practice of Physic in the Medical School of Maine, and formerly lecturer in the same department in Jefferson College, Philadelphia), saw this patient with me. He made the attempt to rectify the position of the uterus, but with no better success. He coincided with me that the uterus had probably been in its then condition ever since or soon after the birth of her last child.

I had conceived the idea that if a temporary restoration of the uterus could be effected by any mechanical means, so that impregnation might follow, the uterus would rise above the superior strait of the pelvis as soon as it had acquired the requisite size, and assume its natural gestative position, and thus ultimately, with due caution, a cure might be accomplished. A variety of modes were proposed and discussed with my colleagues, Drs. Mussey and Sweetser. As my patient lived at a distance of eight or nine miles from me, it was impossible to pay her that attention which her case required, unless I abandoned all other business. After stating the case to her, I prevailed upon her to be carried to Topsam, and she arrived here about the 12th of May. The first trial was as follows. She was placed on the left side, and the hips somewhat elevated. By the finger in the vagina, the fundus of the uterus was raised upward as far as possible; then a piece of sponge somewhat larger than a hen's egg, and slightly moistened with a diluted solution of chloride of soda, was pushed to the upper and posterior part of the vagina. After lying an hour, she was permitted to get up. This afforded some relief; she could both stand and walk better—there was a decided diminution of that oppressive bearing down sensation. This sponge was withdrawn every day, and another introduced. On the 20th of May she expected her monthly period, and it was punctual to the day. During the flow of the menses the sponge was withdrawn, and meanwhile an undeviating recumbency was enjoined. As soon as the menses had passed over, the sponge was replaced again as usual.

After the sponge had been used for eight or ten days, I determined to make trial of the *pessary*, believing for several reasons it promised a better probability for ultimate success. First, because the sponge must be removed and replaced every day, while the pessary would not require such assiduous attention. Secondly, because the pessary would for obvious reasons be less incompatible with the prospective pregnancy of my patient. After trying two or three pessaries, I found one apparently well fitted for our purpose. It was as carefully introduced as it could be, and the neck of the uterus brought down through the central aperture, and an injection of acetate of lead directed. After a trial of some days, I felt convinced I could devise nothing better. She could stand and

walk about better than before, was in better health and spirits, and her flesh had more density. Still the fundus of the uterus, although very much raised, continued to rest on the upper and posterior margin of the pessary.

Being now desirous of returning home, she wrote to her husband, and on *Saturday, the 31st of May*, he arrived in town, and she returned with him to her family the same afternoon. There was no recurrence of the catamenia at its ensuing period, and with each succeeding week she was assured, by a constantly multiplying evidence, that pregnancy had positively taken place. During the last summer, although she occasionally attended church, walked abroad, and occupied her mind with a general superintendence of her domestic concerns, yet she was harassed by a variety of neuralgic pains and morbid sensations, and once by severe suffering for three or four hours during the passage of a small calculus through one of the ureters, weighing about three grains. On the 16th of August the uterus was found to have become erect, and so far enlarged by pregnancy as to be entirely above receiving support from the pessary—it was therefore cautiously withdrawn. On the 23d of February last, it being *8 calender months and 24 days* from her return to her family, she was safely delivered of a fine boy. I did not allow her, after delivery, to take any position but upon one side or the other. On the 25th of the following month I made an examination of the uterus, and found it contracted to its natural size, and its position every way as it should be. It is now about three months since her delivery, and she has gained in flesh and strength, yet calls herself very feeble. I think I should feel justified in giving her assurances of recovery of health, since so very material a cause of suffering is wholly removed. Endowed with a large portion of vitality by its bountiful supply of nerves and bloodvessels, and taking rank among the first class of viscera by its extensive influence over the female health, it may well be supposed that the uterus of my patient will require a long time to forget its recent *reverses*, and not feel disposed to pass over all at once, in the most quiet manner, the late and unnatural violence inflicted upon its sensibilities.

*Topsham, Maine, May 16, 1835.*

#### INSANITY.

[Communicated for the Boston Medical and Surgical Journal.]

In the London Medico-Chirurgical Review for Jan. 1835, p. 256, we find the following sentiments from Mr. Guthrie, the distinguished lecturer in the Westminster Hospital.

“Mr. Guthrie first expressed his satisfaction at having a case which would complete the picture of maniacal symptoms supervening on injuries of the head, which he had drawn to them a few evenings before, when on those injuries, in his general lecture, and which he had said were rare. In this case, the man, Samuel Charles Deacon, æt. 37, was admitted Nov. 17th, at night, having fallen from a height on his forehead, which was much bruised about the right frontal eminence, although no fracture could be distinguished. He was a good deal stupified, on being brought into



the hospital, but was capable of being roused when spoken to sharply. He was bled to sixteen ounces from the arm, and had a cathartic dose, which was repeated till the effect was produced. He was bled again to the same extent, and the purgative medicine was repeated from time to time. The second blood drawn was buffed; pulse 100, soft and regular; pain in his head slight. Ordered to be shaved and cold applied. He lies in a state of indifference to all around him, but returns an answer when roused; mutters in his sleep at night.

"On the 21st, at night, he began to be restless, wandering and noisy, so that at last he was obliged to have a straight waistcoat put on; discharged his faces involuntarily; pulse frequent, but soft; pupils sensible to light and not dilated. A blister was applied between his shoulders. I saw him on the 22d, and at first sight said, '*This is one of the very cases I have been speaking to you about. This is not phrenitis, but maniacal delirium, and depletion will do HARM; the loss of sixteen ounces of blood will probably kill him, whilst an opposite treatment may be effectual.*' He was sitting up in bed in the straight waistcoat, and trying to get out of it; talking very incoherently and unconnectedly, but seems to be able to attend and to reply when spoken to sharply. The pulse quite regular, soft and without power. I directed half a grain of muriate of morphia to be taken immediately, and a grain to be administered at nine at night; after which he became more tranquil and slept, although at intervals he was noisy. The next morning, the 23d, he was much better, the pulse being but 80 and fuller. He was purged, the cold lotion applied to his head, and the morphia repeated at night. The purgative and quieting treatment were continued till the 2d of December, when he was able to sit up and walk about, and appears quite rational; says he is free from pain in the head."

"Some time ago," continues Mr. Guthrie, "I saw a case of similar nature in this hospital. The man was bled largely, instead of having purgatives and narcotics, and died; but on examination, no signs of inflammation could be discovered in the brain or its membranes. The case is a remarkably good practical one, and should be strongly impressed on your minds. *For if you mistake the maniacal derangement, for the delirium accompanying phrenitis, the error will probably be fatal.* The peculiar vacant maniacal look was very distinct, and, as far as I have been able to observe, it is usually so."

The pathology of insanity seems not to have advanced with other improvements in medicine. The reason is obvious—the opportunities of experience to the general practitioner are very limited, and he rarely sees the ultimate result of his own prescriptions. If a patient be attacked with the symptoms of mania, and the physician is consulted, he commonly bleeds him in proportion to the violence of excitement, and repeats frequently, and in large quantities; finally, the patient becomes so violent and outrageous that he is removed to the hospital, and the physician sees no more of the case till he returns to his friends, recovered of his malady.

The distinctions made by Mr. Guthrie are very important, and truly practical. Mania, so far from being identical with phrenitis, is in a very large proportion of cases purely a nervous excitement, unattended by

inflammation. If examined in the most quiet state, when the system has not been subjected to violent muscular effort, the pulse will usually be found small, the extremities inclined to coldness, the face pale, the tongue furred, appetite irregular, and the sleep interrupted. After copious depletion, the irritability of the system is often greatly increased, the maniacal excitement becomes much greater, and the mind becomes decidedly more chaotic, and tends rapidly to a state of dementia or imbecility. One bleeding rarely produces any very unfavorable influence, sometimes does good, at least temporarily; but the rapid exhaustion of the powers of life under high maniacal excitement, should lead to some caution in the use of those remedies that diminish the stamina of the system. Local bleeding by leeches and cupping are safer, and generally quite as beneficial. It is rare that anything like febrile action accompanies mania. If inflammation attended it, would there not be fever? In such cases as have febrile symptoms, the reaction is ataxic, rarely becoming general and complete. While the head is hot, the feet and hands will be cold, and if the pulse is *frequent and irritated*, it is not often *strong and hard*.

Those practitioners who know much of insanity, often see a febrile disease of any considerable severity remove the mania at once, and convalescence from the fever leaves the patient free from the insanity. The late excellent physician of the Retreat for the Insane in Hartford, *never* bled in *mania*, and his cures bore a higher proportion to the number of cases treated, it is believed, than those of any other individual, ancient or modern. For many years they were more than 90 per cent. Doctor Burrows, the most successful of the English practitioners, does not approve of general bleeding. Pinel, Reed, and others, take the same ground. In neither of the institutions in New England is general bleeding often prescribed, or at all relied on as a remedy. It may occasionally be used as a means of removing conditions of the system connected with insanity, but rarely or never to moderate maniacal excitement. The common reports of the friends of the maniac is, "He was bled two or three times freely. After the first bleeding he was a little calmer for a time, but after each succeeding bleeding he became more furious, and we could no longer do anything with him."

The object of these remarks is to turn the attention of physicians to this subject, rather than to direct to any mode of treating maniacal excitement. A conviction that copious depletion often lays the foundation of hopeless mental imbecility in acute insanity, has been the result of some slight experience in this disease. The effect of alteratives, laxatives and narcotics, is often very happy, in cases that have derived no benefit whatever from the active depletion previously prescribed.

May 20, 1835.

W.

#### USE OF IODINE.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—I noticed some remarks in your Journal of September last, on the use of Iodine. The writer was desirous that members of the profession who had acquainted themselves with this article, should publish the results

of their experience. I had hoped ere this that some one, through the medium of your Journal, would have complied with the request.

I have used iodine for more than five years in my practice, and have no doubt that, like edge tools, it ought to be handled with care. So high were the encomiums lavished upon this article, that I entered upon its use as I did upon the use of many other articles of the *Materia Medica*, hoping it would extirpate disease, root and branch, from the system. I was, however, egregiously disappointed. In some cases of chronic inflammation, after using it several days without any apparent effect, I would gradually increase the dose; sometimes to the no small disturbance of my patient, producing powerful catharsis, or, what was worse, a kind of perturbation of head, with dizziness and nausea, troublesome as *tabacum* or *digitalis*. From the use of iodine, as well as other medicinal agents, I learned that medicines were relative in their action; that under certain conditions of the system and in certain doses, they would appear for a time like Sampson shorn of his locks—but after diseased action had subsided, or where the sympathies of the system were broken, or the article was suffered to accumulate upon the system, then, like Sampson in his wrath, with locks full grown, it would “*seize the pillars and down with the house.*”

After having been soiled and disappointed in the use of iodine, I was induced for a time to lay it aside, although I was convinced it was capable of being turned to a good account. This induced me to resume its use, and watch its effects more minutely. I had formerly used the saturated alcoholic tinct. in doses of twenty-five to forty gts. three or four times in twenty-four hours for an adult, combined with a small quantity of water. This would often produce a burning sensation in the stomach, or extreme nausea soon after taking; and for this reason the patient was allowed free potations of water gruel, or other liquids which would obviate or prevent those unpleasant symptoms. The catharsis often following, I would check by opium, suspending the iodine for a while, and the other disturbing effects would subside after the bowels had been thoroughly evacuated. To prevent catharsis, I combined the tinct. with a small quantity of laudanum, which would effectually prevent it, and lessen its specific effects. But I was frequently obliged to suspend the article for a time, and resort to other means. I have used iodine for scirrhus, chronic inflammation and enlargements, arthritic inflammation, in some cases of sub-acute inflammation, and often in derangements of the system the sequela of acute and sub-acute inflammation. The tincture I now use is made by adding 26 grains of iodine to 3 i. off. alcohol, which I prefer to the stronger, as it less frequently disturbs the system. I also have found its external use in chronic enlargements of the joints, glandular enlargements, &c. attended with happy effect. I have used, likewise, externally, the tincture largely diluted with soft water, to change the secretions of mucous surfaces in cases of chronic ophthalmia and leucorrhœa. Sometimes the tincture undiluted was found preferable. The iodine internally, with the unguentum hydiodat potass. externally, completely cured one case of opacity of the cornea of long standing, and was successful in a single case of incipient cataract. Since I removed to this place (three years since), I have had frequent opportunity of using iodine

in various chronic affections as exhibited from time to time among the inmates of the State pauper establishment. A large proportion of the foreigners that enter this house are afflicted with some chronic disease, often of years standing ; consequently I have been in the habit of using iodine in some form almost every week of my practice. I have succeeded in many cases when other medicines have failed, though a large share of these patients will not persist in its use as directed, or will leave the house after becoming in a measure restored. In some cases of chronic rheumatism, it has done more than all other medicines in my hands ; indeed, in two or three cases, its internal and external use has succeeded after bark, guaiacum, actæa, and colchicum, have failed. In patients of hydropic diathesis of long standing, it has in two or three instances succeeded beyond my most sanguine expectations. Here I found the unguentum hydriod. potass. useful as an adjuvant. I have used iodine successfully in small doses repeated two or three times daily in chronic hepatitis, where mercury, conium, sanguinaria, and various other articles, had been for a long time ineffectually used. In these cases I ought to mention that unguentum tart. antimony or hydriodat. potass. were also employed.

Although iodine promotes digestion, restores appetite, and induces healthy action when no other medicines are used, still I do not consider it tonic in the common acceptation of the term, and see no reason why it should be so viewed. We often witness these happy effects from articles which no one would call tonic. Emetics, cathartics, and even venesection have done all this, and yet no one supposes them tonic. As a deobstruent I have found it second to no one I have used in many of the diseases mentioned. Like mercury, it needs close watching, and the system in many cases needs preparing for its use, by emetics, cathartics, general or local depletion. Tonics I have often found excellent adjuvants. I have found it well to suspend its use for awhile in many cases. I have sometimes, when wishing to make a sudden and powerful impression on a system insusceptible to it in ordinary doses, increased the dose twice or thrice, or suspended its use, and given in its stead ammon. tincture of guaiacum, or capsicum, and then commenced with a medium dose, when it would have the desired effect. I have used it less frequently in diseases of children. In scrofula, and where the mesenteric glands are involved, it has done good. From its effects in changing diseased action and promoting health by secretion when applied to mucous surfaces and phagedenic ulcers, I should suppose it might be useful in many cases where nitras argenti or nitras hydrargyri are indicated. I might mention cases where I have used it for months before any decided effects were produced, but at last was gratified to witness a restoration to health. In many cases it has done no good (and perhaps no positive injury), where I have varied its doses and used such adjuvants as I thought were indicated. After all, it is no panacea.

I have used it in a single case of chorea, which I will copy from my case-book without note or comment.

S. C., æt. 16, robust constitution ; has always enjoyed good health ; was growing rapidly. Patient, three weeks since, observed a tremor of his left hand, which soon disabled him from using it. Spasms increased

and extended to the head, and affected the muscles of the ear, eye, mouth, side and leg of the left side, while the right side continued free from spasm, but not a sufficient ballast for the left. Patient unable to stand or sit without clinging to something for support. Pulse 40, intermittent; tongue slightly coated; appetite and digestion good. Difficult to tell the cause; perhaps extraction or irritation of a tooth, or fatigue. Prescribed drastic purgatives with calomel, which were continued for some time, producing four or five evacuations daily; also frequent unguent. tart. ant. to be rubbed upon the spine of the neck (one or two of which were tender to the touch.)

Oct. 1.—Patient no better, although purgatives and counter-irritants have been constantly used. Pulse, tongue, and appetite, as before. Prescribed R. Ext. conium, 3j. Ferri Rub. Oxyd. 3ij. M. f. No. 60. Take two, three times a day.

12th.—No better. Discharges from the spine continue; slight narcosis from the pills. Prescribed Liq. Ars. Potass. 6 gtt. in place of the purgatives, three times a day.

18th.—Pulse 50, more regular; tongue natural; spasms continue as before. Continue Liq. Ars. Potass., and take in lieu of the conium pill one composed of Pulv. Opii. ði. Gum Camphor, ðij. Ipecac, ðj. M. f. 20.

30th.—Pulse 52, irregular; spasms as before. Omit former prescription, and take twenty-five drops tincture iodine in a tumbler of water, three times a day; also a pill of Aloes and Rhei and Sapo q. s. to open bowels, twice in twenty-four hours.

Nov. 8th.—Patient improves; pulse 70 and regular; spasms somewhat abated.

12th.—Patient still improves; medicine continued.

28th.—Patient free from spasm; able to walk a mile and attend school; discontinue medicine.

During the month of March, in consequence of severe exercise with an attack of influenza, spasms commenced as before, with the same irregularity of pulse, when the iodine with the laxatives were again administered and continued three weeks, and the patient was restored to health and is at present able to labor as usual.

I have narrated more minutely than I intended my experience in the use of iodine, which I send you more for the sake of eliciting further remarks than presenting anything novel in practice.

*Wintonbury, Conn. May 18th, 1835.*

D. H. HUBBARD.

## IMPORTANCE OF VENTILATION IN SLEEPING APARTMENTS.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—In the last number of the Journal you have published an interesting account of the sudden attack of a number of inmates in the boarding house attached to Bussey's factory at Dedham. The disease, judging from the account given by Dr. Jackson, seems an aggravated form of typhous fever, such as usually has taken the name of jail fever—and it

may well awaken the inquiry whether the cause, if more carefully investigated, would not be found in the crowding together of so many people as were there, in ill-ventilated sleeping apartments. The past winter, as we all know, has been long and dreary, and much of the time such as to make it extremely unpleasant to have windows open; and it should be ascertained whether the sleeping rooms at this house have not been without fires, and also badly ventilated. It was too early to look for the source of the disease from miasm, generated from the earth. If typhous fever ever arises from such a source, it could not be while the earth was locked up by frost, or even while it was too cold to excite vegetation.

But whether this was the cause in the particular instance of which we speak, no one can doubt that it is a fertile source of typhous fever. There is nothing more often neglected than ventilation of sleeping apartments—nothing more important to health; for better would it be to sleep under a tent in the open air, with all the risk of taking cold, than to sleep night after night with others in a close room, without each day opening the room to the influences of the external air. This cannot be too strongly impressed upon the overseers of factories and their operatives. It is confinement enough, in all reason, that the operatives are compelled to submit to, in being confined day by day in close rooms at their work, without being huddled together at night in close, unventilated rooms. There certainly can be no need of citing instances of the injurious effects of the course spoken of. Every one has heard of the Old Bailey sessions, where so many were made sick from this cause. Indeed, the instances of it are not rare in other establishments, in almshouses and boarding schools, where many people are confined together; and no doubt many of the cases of typhus in private families might be traced to the same source.

It may be difficult to account for the fact, but it is so, that the confinement of many animals of the same kind in close apartments will generate poisonous influences. No farmer ever thinks of confining, or even keeping together, a large number of sheep in the open air; for experience has long since taught him that the effect is the bringing on the disease known to him by the name of the rot, which is nothing more than a febrile affection, with a strong determination to the liver.

We all know how common an attendant typhus is of the camp, and how aggravated, too, are the cases when they occur. We know, also, how much more apt typhus is to spread and become contagious in the winter, while our houses are shut up, than in the summer, while free ventilation is permitted.

But there can be no need of saying more. The purpose is to excite inquiry with respect to the Dedham cases, rather than to write a dissertation on the subject; and if this be attained, the object of this communication will be answered.

T. P.

*Boston, May 26, 1835.*

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 BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, JUNE 3, 1835.
 

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## MASSACHUSETTS MEDICAL SOCIETY.

THE weather being favorable, on Wednesday last, May 27th, an unusual number of medical gentlemen, from all sections of the Commonwealth, assembled at the usual hour at the Athenæum, in this city. After the meeting was organized, the records of the last anniversary were read. But very little interest was manifested for things past and gone—the members being such prompt paymasters that they busied themselves principally in liquidating their assessments in a lower apartment. A few strangers only were present at this particular juncture. When the scrutineers, Drs. Adams, Wellington, Reed, Stimson and Holyoke, were chosen, with reference to collecting votes for counsellors, Dr. Orr remarked that there were more counsellors in Plymouth district than in Bristol, although the latter had a greater population. The number in Bristol, therefore, was increased. Before the balloting commenced, the president rightly required the votes to be received by the scrutineers within the hall, and not in adjacent rooms and passages, as had been heretofore practised. For the purpose of expediting business, a second committee of scrutineers was raised, consisting of Drs. Storer of Boston, Bartlett of New Bedford, and Stedman of Chelsea. The following gentlemen were then elected counsellors in the several departments.

*First Department, Suffolk.*—James Jackson, John C. Warren, George C. Shattuck, Walter Channing, Jacob Bigelow, George Hayward, Enoch Hale, Zabdiel B. Adams, John Ware, David Osgood, Edward Reynolds, John Homans, Woodbridge Strong, John Jeffries, Jerome V. C. Smith, George W. Otis, Jr. J. Greely Stevenson, Joseph W. M'Kean.

*Second Department, Essex.*—Joseph Kittredge, Jeremiah Spofford, Abel L. Peirson, Andrew Nichols, Edward L. Coffin, Samuel Johnson, Thomas Manning, Richard S. Spofford, Calvin Briggs, Rufus Longley, Dean Robinson.

*Third Department.*—Rufus Wyman, Thomas Bucklin, John Walton, Abraham R. Thompson, Timothy Wellington, Zadoc Howe, William J. Walker, John C. Dalton, Ephraim Buck, Josiah Bartlett, Daniel Swan, John O. Green.

*Fourth Department.*—Stephen Bachelder, John Green, Edward Flint, Benjamin F. Heywood, Charles W. Wilder, Amos Parker, George Willard, Gustavus D. Peck.

*Fifth Department.*—Joseph H. Flint, Alpheus F. Stone, Stephen W. Williams, Levi W. Humphreys, Elisha Mather, Bela B. Jones.

*Sixth Department.*—William H. Tyler, Henry H. Childs, Asa G. Welch, Royal Fowler, Robert Worthington, Alfred Perry, Hubbard Bartlett.

*Seventh Department.*—Nathaniel Miller, John Bartlett, Samuel Bugbee, Robert Thaxter, Jeremy Stimson, Ebenezer Alden, Noah Fifield.

*Eighth Department.*—Hector Orr, Nathan Hayward, Ezekiel Thaxter, Paul L. Nichols, Noah Whitman, Charles Macomber.

*Ninth Department.*—Alexander Read, William C. Whittredge, Andrew Mackie, Caleb Swan, Menzies R. Randall.

*Tenth Department.*—Joseph Sampson, Aaron Cornish, Paul Swift, Jonathan Leonard, Jr.

At the appointed hour, 1 o'clock, Dr. Jacob Bigelow read a discourse on *Self-limited Diseases*. He prefaced his remarks with some observations on the death of the late Vice-President, Dr. Dixwell; and adverted also in a feeling manner to the demise of Drs. Benjamin L. Oliver and Ezra Starkweather, whose characters conferred honor on the Society of which they had been prominent and useful members.

Those diseases which were considered by the speaker as self-limited, were such as invariably run their course, governed by their own peculiar laws, unaltered and almost uninfluenced by the administration of medicine. Measles, scarlatina, smallpox, erysipelas and typhous fever, belong to this class. Although we took notes from the commencement, we feel ourselves wholly inadequate to report the discourse. Whenever it is published, an analytical review will be presented to our readers. As a whole, it was decidedly the most able and the most valuable practical paper which has been read on any former anniversary. Dr. B. acquitting himself to the satisfaction of a very large and attentive literary audience.

Some modifications of the by-laws were effected, but the time of dining having arrived, other alterations, contemplated by several gentlemen, were necessarily omitted till another opportunity. The dinner at Faneuil Hall covered considerable extent of tables; had it not have been for the feast of reason, there being no flow of soul, it might have been professionally denominated *spare diet*. Being unfavorably located for observing the guests, it is impossible to designate the strangers who partook of the Society's hospitalities.

On the following day, Thursday, the 28th, the newly-elected Counselors assembled at the Athenæum for the choice of executive officers, hearing reports, and conducting the affairs of the corporation for the year ensuing.

The following gentlemen were elected to the respective offices prefixed to their names.

*President.*—John C. Warren, M.D.

*Vice-President.*—Nathaniel Miller, M.D.

*Corresponding Secretary.*—Enoch Hale, M.D.

*Recording Secretary.*—John Homans, M.D.

*Treasurer.*—Walter Channing, M.D.

*Librarian.*—David Osgood, M.D.

*Censors First Medical District and for the Society at large.*—W. J. Walker, John Homans, A. L. Peirson, John Ware, Edward Reynolds.

*Censors Second Medical District.*—John Green, Benj. F. Hayward, Edward Flint, Charles W. Wilder, Benjamin Pond.

*Censors Third Medical District.*—Stephen W. Williams, Elisha Mather, Atherton Clark, David Bemis, Bela B. Jones.

*Censors Fourth Medical District.*—William H. Tyler, Orin Wright, Alfred Perry, Robert Worthington, Asa G. Welch.

*Committee on Publications.*—Enoch Hale, Jr. John Ware, Joseph W. McKean.

*Committee on Resignations.*—Walter Channing, Zabdiel B. Adams, Solomon D. Townsend.



Dr. Samuel Bugbee was elected by ballot to read the next annual discourse.

## LECTURES AT THE EYE INFIRMARY.

BY JOHN JEFFRIES, M.D.

THAT extensive and important class of diseases, known under the general term of *Fistula Lachrymalis*, formed the subject of the *Seventeenth* and last lecture. After adverting to the misapplication of the term designed to include diseases so various in their situation and most prominent characters, Dr. Jeffries proceeded to consider these diseases under three general divisions. 1st. Diseases of the lachrymal gland and excretory ducts. 2d. Affections of the puncta and horizontal passages. 3d. Diseases of the sac and nasal duct. Each of these divisions received a separate and careful examination, with a description of the various morbid affections to which each particular part or organ is liable. The appropriate treatment for these various affections was described in detail with an accuracy and clearness, which could only result from an extensive and practical acquaintance with the subject. The remarks upon inflammation and tumor of the lachrymal gland were aptly illustrated by the history of a case, in which the inflammation (caused by permanent obstruction of the ducts) was followed by fistulous openings at the external and internal canthi. These openings discharged an aqueous or serous fluid.

The distinction between epiphora and stillicidium was pointed out, and the various causes which may give rise to the latter affection were enumerated. Of the morbid affections of the lachrymal sac and nasal duct, it was observed that they require a careful discrimination in order to lead to a correct treatment. For that purpose, a subdivision of these complaints was recommended by the lecturer, each of which received a distinct notice. After which, Dr. Jeffries spoke at length of the various methods of operation to restore a passage for the tears in cases of true *fistula lachrymalis*, in which there is always a permanent obstruction, and in some cases obliteration, of the nasal duct. In doing this, he gave the result of his reflection and experience in cases which had fallen under his own observation; and also referred to cases of patients who had been presented to the class, during the course.

This opportunity was improved to exhibit and explain the different instruments which have from time to time been employed by ophthalmic surgeons for the purpose of forming a new passage into the nose. Among others was the gold tube or canula of Dupuytren, the celebrated surgeon formerly of the *Hôtel Dieu*.

## UNIVERSITY OF PENNSYLVANIA.

CONNECTED with this university is a school of medicine, which thus far has maintained the highest rank, and become the most eminently distinguished of any in the country. Associated with the celebrated Dr. Rush were men of rare qualifications, who sustained through their own life time the elevated character which the institution had justly acquired. But when they left the stage, others were called in from time to time to occupy chairs in departments made illustrious by the untiring labors of those bright luminaries of science, whose names and whose doctrines reflect honor on the land of their nativity. But the best constructed machinery

becomes disordered by time, and human learning, like a garment, sometimes goes out of fashion, however much it might once have been prized. So it is with the great school of Philadelphia, if credit is to be given to the representations of one who has been long identified with its operations. We have been led to these general reflections by the perusal of a closely printed pamphlet of sixty pages, 8vo.—entitled “*An appeal to the public, and especially to the medical public, from the proceedings of the Trustees of the University of Pennsylvania, vacating the chair of Materia Medica and Pharmacy. By John Redman Coxe, M.D.*” From childhood we have been familiar with the writings of Dr. Coxe—and we still read them with pleasure as well as profit. In the beginning, therefore, we are heartily disposed to sympathise with him in any misfortune that is calculated to embitter the old age of a man who has done so much for the usefulness and happiness of others.

There is, lamentable as it must appear, a growing disposition to treat gray hairs with less respect than formerly. Instead of that firmness of purpose once characteristic of the government in seminaries of learning, pupils too often now rule their aged preceptors by the terrors of mobocracy, and, in open violation of all good precedents, dictate both to trustees and teachers what will most contribute to their pleasure, without regard to order, law, or the common principles of justice. The pupils and the trustees of the University of Pennsylvania will rue the day they pretended to decide upon the value of a professor's lectures, which, being above the standard of their mental developments, were in their opinion good for nothing at all. Accordingly, the venerable Dr. Coxe, who has taught with success since 1809, was without ceremony disgraced, if the act by which he was turned out of office can have such an effect.

We trust the doctor will circulate this appeal as extensively as possible. If there is such corruption, insincerity and rotten-heartedness in the Philadelphia Medical School, as depicted in the publication before us—fate speed its overthrow. We shall not only trumpet her downfall as an imperious duty, but shall mourn over the departed greatness of that Eden in which Rush, Shippen, Kuhn, Wistar and Dorsey tilled the ground that now yields bitter fruits, wild vines and worthless flowers.

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*Death by Quackery.*—The Philadelphia Inquirer mentions the death of a gentleman in Kensington, caused by a course of Thomsonian steaming and high stimulation, which he was induced to undergo on account of a slight rheumatic affection of one of his legs. The case so nearly resembles those which are continually taking place in different parts of our country, that particulars need not be related. It is said to be the second case of the kind that has occurred, within a few weeks, to one of the physicians who were called in after the murder had been committed.

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*Stethoscopic.*—Is it true, asks an intelligent country physician, that gentlemen are deceiving themselves with regard to the real merits of the stethoscope? In answer, we are constrained to acknowledge that no one knows less about it, from actual personal observation, than ourselves. Abiding, however, by the good judgment and discrimination of the first men in the first circle of professional eminence, we feel bound to believe that the stethoscope has not been over-rated. In this city, certainly, it has become an indispensable auxiliary—without which, many diseases

concealed within recesses of the thorax could not be detected. If some of our many correspondents, who from long practice are competent to judge of the nicest distinctions of sound, will favor the Journal with a paper on the advantages of stethoscopic experience to the general practitioner, though the same thing has been done repeatedly by several contemporaries, it will confer a favor on one who is solicitous to make himself useful to his patients.

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*Country Hospitals.*—Were hospitals established in the shire towns of the several counties in Massachusetts, for the gratuitous relief of the poor, upon the plan of provincial hospitals in England and France, they would soon be regarded with interest, and receive that support from the community which all benevolent efforts for the melioration of the unfortunate readily command from a christian people. Some central point to which those seeking surgical advice might repair, seems to be called for. Operators in the interior are scarce. Beside giving their services, they are not unfrequently called upon to make further personal sacrifices, in relation to the comfort of indigent patients, altogether incompatible with the proper discharge of duties they owe their own families. Country hospitals must be established, if the philanthropic are truly desirous of securing the greatest amount of medical aid, gratuitously, for the poor.

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*Copland's Dictionary.*—We understand that the three Parts to complete this work will be supplied by the new proprietor, Mr. Duff Green, of Washington city. No. 3 is in press, and will be issued immediately after the last sheets are received from England. Mr. Samuel Colman, of this city, will probably act as general agent for New England and the State of New York.

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*Medical Institute of Philadelphia.*—Having for its object the improvement of medical education in the United States, this institution was organized in 1817, under the auspices of Dr. Chapman. In 1828, the following notice was given of it in Desilver's Directory—The course of instruction lasts for a whole year, beginning about the first or second Monday of April, and ending about the last of March. More particulars will be given when they are obtained.

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*Distinction.*—Dr. Wilson Philip, extensively known to the professional world, has been recently elected a fellow of the London College of Physicians.

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*Medical Reform in England.*—According to Mr. Warburton's bill for the regulation of apothecaries, they are not to be allowed to compound medicine, but will be entitled to receive 10s. fee, or as low as 6s. if they think fit, for each visit. The medicines they prescribe are to be provided and compounded by chemists, who, previous to so doing, must undergo a rigid examination, to show that they are duly qualified.

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*Varioloid.*—A case of varioloid has occurred in one of the hotels at Northampton, Mass.

**Botanical Lectures.**—Dr. Hall, well known to some of our readers, is about commencing a course of Botanical lectures in the rooms of the Society of Natural History, Montreal.

**ERRATA.**—Page 256, 12th line from bottom, for “2d eye tooth,” read, upper right 3d (meaning the *third* from the *centre* of the upper jaw), or, that which is usually called the eye-tooth;—and, same line, for “*and also its neighbor's*,” read, and also its neighbor's crown.

**TO CORRESPONDENTS.**—“Thoughts on Phthisis Pulmonalis,” and the history of a case of Lithotomy, will be inserted next week.

**DIED.**—At Port Mahon, Dr. Russell B. Hubbard, U. S. N., son of Prof. T. Hubbard, of New Haven, Ct. aged 29.

Whole number of deaths in Boston for the week ending May 30, 30. Males, 9—Females, 11.

Of ulcers on the lungs, 1—pleurisy fever, 2—paralytic, 1—scarlet fever, 2—dropsy on the brain, 1— inflammation of the bowels, 1—gravel, 1—child-bed, 1—quinsy, 1—debility, 1—abscess, 1—consumption, 1—lung fever, 1—disease of the head, 1—accidental, 1—old age, 1.

## ADVERTISEMENTS.

### MEDICAL INSTRUCTION.

THE subscribers have associated for the purpose of giving Medical Instruction on the following terms:—

Convenient Rooms well furnished, with access to a good Medical Library, and the necessary facilities for demonstrative Anatomy and Surgical operations.

The privilege of attending at the almshouse and a private hospital, now in successful operation, together with the important cases, both in physic and surgery, which occur in a pretty extensive private practice. Terms—\$50 a year.

JOSEPH H. FLINT,  
ELISHA MATHER,  
AUSTIN FLINT.

NORTHAMPTON, Mass.

Instruction in modern Dentistry will be given for a small additional compensation.  
May 13. eop6m

### PHILOSOPHICAL APPARATUS.

JOSEPH BROWN, of the late firm of BROWN & PEIRCE, 87 Washington Street, up stairs, manufactures and keeps constantly for sale, a large variety of apparatus, illustrative of the different departments of science, as Mechanics, Hydrostatics, Pneumatics, Electricity, Galvanism, Magnetism; Optics or Models of the Eye, and Acoustics or Models of the Ear, two beautiful pieces of apparatus (devised by J. V. C. SMITH, M.D.), of great worth to the medical student and anatomical lecturer. All the above articles are manufactured of the best of materials, and in a thorough manner.

Models of the Eye and Ear may be seen at the office of the Medical Journal.

Boston, May 6, 1835.

3t.

WILLIAM WILEY, of Baltimore, manufacturer of Outlery and Surgical Instruments, No. 23 Water Street, Boston. All kinds of instruments ground and repaired.

3t.

### MEDICAL AND SURGICAL EDUCATION.

THE subscriber continues to receive medical pupils at the United States Marine Hospital, Chelsea, and to offer them the following advantages.

The institution at present contains seventy beds: all of which are occupied during the autumn and winter by the subjects, both of medical and surgical treatment. The number of patients in the spring and summer is rather less. The average number daily, throughout the last year, was between fifty-five and sixty. The number is annually increasing. A greater variety of disease is thus presented, than is to be found in those hospitals exclusively appropriated to the poor of any city.

The students have unrestrained access to these cases during all hours: as also to the extensive apothecary shop connected with the establishment.

A valuable medical library is offered for their use.

Facilities for the cultivation of demonstrative anatomy, are afforded through the winter.

The students are provided with a suitable apartment in the hospital, which is furnished with fuel and lights, without charge.

Fees, \$50 a year.

Board may be procured in the vicinity of the hospital, at from \$2.50 to \$3.00 per week.

Boston, April 21, 1835.

(April 29.—3t.)

C. H. STEDMAN.

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## EXPERIMENTAL TRIALS ON THE EFFICACY OF REPEATED PURGATIVES IN TYPHOUS FEVER.

HAMILTON, of Edinburgh, was, we believe, the first physician who insisted on the efficacy of purgative medicines as a principal means of cure in typhous fever. His doctrine has been adopted by many practitioners; but by others, and particularly by the French, it has been combated as a method which is incompatible with the pathology of that affection. In order to afford means for deciding this question, important for the value of the truth which affirmative decision may establish, and interesting from the degree of attention which the subject has so long excited, M. Piedagnel undertook a series of experiments at the *Hôtel Dieu*, which were calculated to develop an answer to it, and he certainly has conducted them in a manner which is well designed for determining the true value of the purgative method. All the typhoid fever cases which he treated, were, without any distinction of symptoms, period of the disease, &c. submitted to the action of purgatives during *the same season*. The number of patients experimented on was large, and no other active remedies, such as bleeding and leeches, were applied, these being avoided in order that the result might be as positive as possible. We now present our readers with an analysis of the paper on this subject, which M. Piedagnel has published in the 13th No. of the French *Gazette Médicale*, the paper having been read at the Academy of Medicine on the 24th of March.

The author distinguishes four kinds of typhous fever, viz.

1st. Simple typhus.

2d. Adynamic typhoid fever; to the common symptoms are superadded those arising from a considerable alteration of the intestinal canal, consisting in numerous ulcerations of the mucous membranes: here the abdominal affection becomes prominent, and the patient at the end falls into a state of adynamia.

3rd. Ataxic typhus: here the cerebral symptoms predominate; there is a peculiar delirium, pain in the head; the senses are more or less perverted, and the muscles contract, &c.

4th. Putrid typhus (*fièvre typhoïde foudroyante*); this form can only be likened to the effects of poisoning; in three or four days the patient dies, and the autopsy does not reveal any organic alteration.

Such are the very different forms of typhous fever which M. Piedagnel has submitted to the following treatment.

On the day after the patient's reception into the *Hôtel Dieu*, the purgatives were immediately administered, when the symptoms were severe; if not, he was allowed to remain quiet for one or two days. When the

treatment was commenced, a purgative was given every day, or every second day, according to circumstances. The patient took for drink, water sweetened with syrup of currants, and his diet consisted of three *bouillons* (weak broth) per day. This regimen was invariably pursued; and the modifications of the treatment were very simple. Thus when a patient went naturally to stool, a slight purgative only was administered. In cases where a gentle purgative produced no effect, a stronger one was immediately given. The rumbling sound of the bowels, and particularly the appearance of meteorismus, were an indication for the employment of purgatives still more energetic. These means usually produced six to ten stools in the twenty-four hours. In some cases the patients were purged only once or twice during the whole course of the disease; in others ten or twelve times; but in general three or four purgative doses were sufficient. The state of the abdomen never furnished any contra-indication; thus a severe pain in some one point of the abdomen generally yielded to the first or second purgative, and never resisted the third. The purgative medicines employed were, Eau de Seidlitz, from two glasses to one or two bottles; a solution of one or two ounces of Epsom salts; castor oil; calomel; and croton oil.

On comparing the results obtained by M. Piedagnel with those obtained in the different hospitals of Paris, they certainly present a very favorable aspect.

From the 1st of June 1834 to the 1st of March 1835, no less than 134 cases of typhous fever were treated by the author at the *Hôtel Dieu*, all exhibiting in a greater or less degree the peculiar expression of the face, state of the mouth, rales muqueux and sibilant, diarrhœa, pain of abdomen, petechiæ and sudamina, which distinguish that affection.

The cases may be arranged under the following categories:

1st. *Simple Typhus*.—69 cases. No death. Mean duration of the disease  $20\frac{1}{2}$  days. Mean duration of treatment  $13\frac{1}{2}$  days. Average number of purgatives  $3\frac{1}{2}$ .

2d. *Adynamic Typhus*.—49 cases. Cured, 39; dead, 10. Mean duration of the disease  $17\frac{1}{2}$  days. Mean duration of treatment  $10\frac{1}{2}$  days. Average number of purgatives 3.

3rd. *Ataxic Typhus*.—16. Cured, 7; died, 9. Mean duration of the disease 29 days. Mean duration of treatment 19 days. Average number of purgatives  $6\frac{1}{2}$ .

Hence in 134 cases, we find 115 cured, 19 dead, giving the proportion of mortality as 1 to  $7\frac{1}{8}$  of the cases treated. But amongst the 19 deaths M. Piedagnel enumerates two which ought not strictly to be included; one, cured of the fever and on full diet for four days, was cut off by a double pneumonia; the other, also cured, contracted the small-pox, which terminated in death. If we abstract these two cases, the general mortality will be very nearly 1 to 8. For adynamic typhus the proportion is 1 to  $4\frac{2}{5}$ ,—the author of the memoir says 1 to  $3\frac{1}{2}$ , but he is evidently mistaken. Finally, he enumerates amongst the ataxic cases, the only two examples of *fièvre foudroyante* which presented themselves in the course of the year; hence in this severe form the cures and deaths may be accounted exactly equal.

Let us now compare these proportions with the result of the practice of MM. Chomel and Bouillaud at the *Hôtel Dieu* and *La Charité* :

*Hôtel Dieu.*

	Patients.	Dead.	
In 1830 .....	27	8	1 to 3.375
1831 .....	56	16	1 to 3.5
1832 .....	23	5	1 to 4.6
1833 .....	30	10	1 to 3

*At La Charité.*

	Patients.	Dead.	
In 1834 .....	31	5	1 to 6 1-6

Thus in the practice of M. Chomel the mortality is as 1 to 3.4871794. In that of M. Bouillaud, or rather in the small number of cases reported by him, 1 to 6.2 ; and in that of M. Piedagnel as 1 to 7.052631578 947368421. (The decimal runs to this great length before it begins to repeat.)

Hence the author concludes that so far as regards the mortality, the treatment of typhous fever by purgatives is superior to any other practised at the present day ; but it is extremely fatiguing for the patient, and requires extreme care on the part of the physician. The most frequent complications with which it may be reproached, are inflammations, which sometimes determine death ; but, on the other hand, we very rarely find extensive gangrene, abscess, meteorismus, &c. and the convalescence is probably less prolonged.

In this analysis we have given every interesting fact presented to us by the author of the paper.

Presenting, week after week, as we are, almost without intermission, analyses or notices of such foreign memoirs as this, British practitioners, who are thoroughly acquainted with the slothfulness of the medical officers in our own public charities, and with the paucity of useful and scientific information that issues from the great hospitals of England, would rend their garments with grief and vexation at the figure which this country makes in the arena of medicine, if they did not entertain a firm hope that such changes were at hand, as must convert those institutions from sullen caves of disease, into temples of knowledge and health. It is impossible to watch, unmoved by strong feelings, on the one hand of pleasure, and on the other of indignation, the continued evidences of talent, information, and industry, which are at work in the hospitals of the French metropolis and provinces, and the absence of those qualities, with rare exceptions, in our own. The contrast is more than melancholy, and so long as the practice *within* those institutions in Great Britain simply consists of means for enlarging profitable individual practice *without*, so long will they remain closed storehouses of human malady. Our hospitals must, ere long, be filled, on a new principle of election, by able practitioners, whose ample remuneration shall be derived from a direct and legitimate fund, and whose duties to the patients, to the profession, and to the students, will be fulfilled only by paying an undivided attention to the wants, bodily and mental, of those who are within their gates, and discriminately recording, for the public use, the facts which arise in the course of the hospital practice.

And here let us ask, and we put the question as a hint well worthy of attention in the fifty-two county towns of England, how much longer that monstrous iniquity—that practice worthy not even of the dark ages—is to be suffered to exist unreformed in our provincial hospitals and infirmaries *from within*, of excluding from admission to the hospital practice—the wards and the theatres—the unattached medical practitioners of the several towns in which those hospitals are situated. “*A word in season, how good it is.*”—*Lancet*.

#### THOUGHTS ON PHTHISIS PULMONALIS.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—The following communication is at your disposal, and, if it shall have the effect to rouse the attention of the public to the safety of a large and very interesting portion of the community, the object of the writer will be obtained.

Yours, very respectfully.

*Marshfield, May 25th, 1835.*

CHARLES MACOMBER.

Consumption is strictly scrofula of the conglobate glands of the lungs. Inflammation of the lungs and their investing membrane may be followed by suppuration, and even the destruction of a portion of the lungs ; but this is not properly consumption. Patients frequently recover from disease of this nature.

It is possible that patients may even recover from strumous glands, or tubercles of the lungs, provided they be few in number. The glands, having become inflamed from inclemencies of the weather, or other causes, produce a caseous matter, which is thrown off by expectoration, and the remaining ulcers, like scrofulous ulcers in some other situations, through vigor of constitution are healed ; but more frequently the tubercles are numerous, or become so in progress of time, and the constitution is broken down by the protracted operation of the disease.

Hæmoptysis is not the cause of phthisis ; but phthisis is often the cause of hæmoptysis. Tubercles weaken the lungs, and in some measure obstruct the circulation through them, in consequence of which rupture of the vessels ensues from any little excitement on the lungs, and blood is poured out. This effusion of blood, however, is sometimes salutary. It seems to be nature's effort to take off inflammation from the lungs and their tubercles, and in this manner may protract the patient's life ; provided the effusion be not such as to excite much coughing.

Catarrh is not properly the cause of phthisis. Phthisis, however, evidently disposes the lungs to catarrhal affections even from the slightest changes in the atmosphere. These changes in our climate are greatly to be dreaded by the patient whose lungs are oppressed by strumous glands. May not some refuge be found from the inclemencies of the atmosphere?

The groundwork of consumption is sometimes laid in infancy, and sometimes long before, in the depraved constitution of progenitors. In this case the latent disease is scrofula, or a disposition of the lymph to stagnate in the conglobate glands. In difficulty of this character, plenty of moderate exercise in early years, continued through life, is an indispen-



sable remedy. It should be such as to give suitable motion to every part of the body, and propel the fluids throughout the minutest ramifications of the vascular system. If to the exercise recommended were united serenity of mind, based on correct principles, the probability of lengthened life would be still greater. Has this subject its due consideration in families, schools, academies and colleges ?

After tubercles have been formed in the lungs, a question naturally arises whether anything can be done to relieve. I am far from approving the conduct of those physicians, whose maxim is to "let the patient alone," or, if they do anything, what they do is equivalent to nothing. It is true, it is not so blameworthy to do nothing, as to do what is worse than nothing ; but, if all physicians were possessed of this supineness of character, phthisis pulmonalis would of course forever remain "the reproach of medicine." I have thought favorably of morning emetics of a strength suited to the situation of the patient. Emetics sometimes cause the absorption of tumors ; but whether they ever cause tubercles to be absorbed, I will not determine. From what I know, however, of the operation of iodine in scrofulous tumors, I am inclined to entertain a favorable opinion of respiring it in a dilute gaseous form. More knowledge of the use of this remedy in phthisis is desirable.

After tubercles have been formed in the lungs, it may be problematical whether we can prevent the formation of more, or resolve them, after they have been formed ; but certainly it is a duty, if possible, to prevent their inflaming. In what manner this may be best done, is a point not well settled. Shall we send the patient to Egypt, or the West Indies ? It is acknowledged that our climate disposes to catarrhal and pneumonic affections, and that the consumptive patient is like a sensitive plant in relation to changes in the atmosphere. How often, however, does he fall a victim to phthisis, before he reaches milder skies ? Or, if he is so fortunate as to arrive at the place of his destination, how frequently is he disappointed as to the mildness of the air, or its supposed balsamic properties ? and dies far away from the bosom of his country and friends.

Since, therefore, so large a proportion of mankind, nearly one fourth part, die of tubercular disease, and since it is acknowledged that some cases of phthisis as well as cases of catarrh and pneumonia are relieved, or apparently cured, by a retreat to a milder climate, especially when the season at the place has happened to be particularly favorable, a thought has arisen, whether an asylum for the consumptive might not be fitted up within the limits of our own State, where patients might breathe at all seasons, and without intermission, an air even more bland and medicinal than the atmosphere of Egypt or the West Indies.

In private houses, the patient with lung difficulties is frequently in a room too much heated, and at other times too cold, and not unfrequently undergoes greater, and more frequent and sudden changes of temperature, than a person daily exposed to every storm and wind that blows ; and of course, as might be naturally supposed, has more of catarrhal affections than a person thus exposed. But might there not be an asylum for the consumptive, not liable to such changes ? a retreat from the inclemencies of climate, where the temperature of air, most approved, as shown by the thermometer, should be invariably the same at all seasons

and at all times of day and night, and where the degree of moisture in the air, found most beneficial, as discovered by the hygrometer, should be sustained without interruption.

In the sick room the physician often finds pneumonic disease very obstinate for a very great length of time, and exhausts all his resources in combating it, until at last the patience of even the patient himself is almost exhausted. But happily a change in weather takes place. No fire in the sick room is needed, and the mercury in the thermometer stands stationary. The remedies now used begin to be highly beneficial, or perhaps the patient recovers without the use of medicine. Cannot the benefits of such a temperature of air be obtained at any time and place?

Water issuing from the interior of a hill side is very nearly of the same temperature at all seasons of the year, and usually less than ten degrees below temperate. Of course, common atmospheric air passed upward in small streams through a slowly descending column of such water, will be heated in winter and cooled in summer to nearly the temperature of the water. Air, if dry beyond a certain degree, will acquire moisture; and, if very moist, as in sultry weather, will lose some portion of its moisture by ascending in small streams through such slowly descending column of water, because, when air acquires caloric, it holds more water in solution, or in an invisible state, and, when it loses caloric, it drops some part of the water which it previously held in solution. Of consequence, common atmospheric air passed upward through such descending column of water will approximate at all seasons of the year something nearly the proper degree of heat by the thermometer, and of moisture by the hygrometer. The exact degree of heat and moisture, however, best for the consumptive, is not perhaps at present well ascertained; although from the evident advantages of an intertropical voyage, it is conjectured that a considerable of each may be required.

Having obtained air at all seasons of the year of nearly the heat and moisture required, by passing upward through the descending column of water already described, small streams of common atmospheric air, which operation of passing air upward may be easily effected by water power, two questions arise—Where? and—By what means shall the requisite changes be wrought in the air thus obtained?

The first question is—Where shall the requisite changes be wrought in the air thus obtained?

The answer may be—Near the lower floor of the building, for of course there will be the air which is too cold, to which the proper degree of heat and moisture must be imparted; for it is conjectured it will be necessary to impart some moisture by the equal diffusion of steam, when the air being properly heated and moistened will of course ascend through the second floor to the apartments of the sick, which floor should be composed of narrow strips of board, so fastened as to be at proper distances from each other to admit the passage of air. By this structure of the floor the feet of the patients will always be as warm as any other part of the body; and in consequence of the continual rising of heated air through the floor, no patient will respire air which has been previously respired, for all air, which has been respired, as well as that in contact with the patient's body, being heated, will ascend and pass out

of the building by openings made for the purpose, which openings should be so constructed, by means of fly-wheels, as readily to pass off heated air, but not admit air from without. Of consequence the patients will always have, in contact with the lungs and surface of the body, uncontaminated air of the proper heat and moisture, while sleeping and waking, an advantage of no small importance in the treatment of pneumonic disease, to which advantage may be added, if thought proper, the inhalation of gas arising from preparations of iodine, conium maculatum, hyosciamus niger, &c.

The second question is—By what means shall the requisite changes be wrought in the air thus obtained ?

The answer may be—By such a contrivance as may effectually exclude from the air, heated and moistened, the fumes arising from highly heated iron, ignited charcoal, or other deleterious substance ; and perhaps the air cannot be heated in a better manner, than by passing steam first in one direction and then in an opposite, by means of cast iron tubes placed near the lower floor of the building, and, if the air is found to have too much of dryness, perhaps the difficulty cannot be more easily remedied than by small perforations made in the cast iron tubes in such a manner as to diffuse steam equally through the air of the apartment. If an air more salutiferous can be produced than that already described, it must be by letting in through the dome of the building the gladsome beams of the sun. “ Truly the light is sweet, and a pleasant thing it is for the eyes to behold the sun.”

Patients may be found, who can live and even enjoy health in the bland air of an asylum of the kind described, whose lungs are still so much loaded with tubercles that they can live in no other place. For the benefit of such, as well as others, apartments for labor should be constructed, where they might defray their expenses, or even add something to their property.

There should also be on the outside of the apartments a circuitous walk, and outside of this the appearance of a circuitous canal, on which boats may be so moved by machinery as to have very nearly the motion of a vessel at sea ; so that if there be any advantage in a sea voyage, except what arises from an even temperature of the air, it may be enjoyed within the walls of the asylum. But enough of castle-building.

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#### A CASE OF LITHOTOMY, IN WHICH THE HEALING PROCESS WAS INTERRUPTED AND RETARDED BY SUPERVENTION OF AN ERUPTIVE DISEASE.

[Communicated for the Boston Medical and Surgical Journal.]

THE subject of this case was a tolerably healthy little boy, *ætat.* 4 years and 3 months. He had labored under urinary irregularities from his earliest infancy ; but the evidences of the existence of calculus of the urinary bladder did not manifest themselves decidedly, until he was nearly three years of age. On the 24th of September, 1830, he was sounded, and again on the 24th of the following June, at each of which operations a calculous body was distinctly felt in the bladder. On the 20th of the

succeeding July, the little sufferer was lithotomized, and a stone extracted, of an oblong-ovoidal form, weighing rather more than three drachms. During the operation, nothing worthy of remark occurred, with the exception of a more tardy extraction of the calculus than usual, from the extreme narrowness of the perineal region, generally to be felt as a difficulty in the operation of lithotomy with very young subjects. The entire operation occupied about twenty minutes, more or less, during which trying time the child displayed a degree of fortitude rarely to be met with even with patients of riper years.

For six days the case was distinguished by no unusual circumstances, or untoward symptoms : indeed, the little patient was rather more comfortable than usual, during this period, when union by the first intention does not take place.

On the 7th day, in the morning, after a more restless night than usual, the traumatic fever became considerably augmented, distinguished by an exceedingly rapid and hard pulse ; hot, dry, red skin ; tormenting thirst, with a deeply coated tongue ; the abdomen, too, was somewhat tumid and tender ; bowels costive ; great dejection of spirits and sighings, with taciturn drowsiness and aversion from food. The wound, which had not seemed disposed to heal, inflame, or suppurate, since the operation, now became considerably swelled and inflamed ; and, as far as could be seen, the surface of it was invested thickly by a white crust.

To meet these symptoms, a cathartic, of viij. of calomel and v. of rhubarb, was without delay resorted to at night, at which time I saw the child, directing the free use of cold drinks, the apartment to be well ventilated, and light covering upon the little patient. The night was passed badly ; the fever continued with little, if any, abatement until the morning of the 8th day, when it suddenly gave way under the very free action of the cathartic. It was really astonishing to observe the change effected in the condition of the child in so short a time ; in half an hour from the first dejection, the child seemed to be a different being, every unpleasant symptom having disappeared, as if by enchantment. In the course of the day, having occasion to inspect the wound several times, it was discovered that the white crust had thickened considerably, and was bounded around the margins of the wound by an incipient vesicular deposition, and an unequal areola of inflammation extending from half an inch, to twice that, into the surrounding dermoid texture. Little smarting or pain was felt from the passage of the urine during this and the succeeding day. Late in the afternoon, while inspecting the wound, my attention was drawn to numerous small vesicular elevations on the thighs ; and upon searching, it was discovered that they also existed in different parts of the trunk, neck, and even upon the face, in which last location, strange as it may seem, they had never until now been particularly observed.

From this period to the 12th day since the operation, the case seemed very nearly stationary : no other changes could be perceived than might be expected from the gradual drying up of the fluid effused into the vesicles. At this time the vesicles had sunk, and were covered by flat, thin, yellowish opaque crusts, closely applied to the skin. The incrustation of the wound, too, had become of darker white, approaching to

yellow, and was disposed to separate, and actually detached, in many places about its margins. By the 13th day the crust, as far as the wound could be examined, had entirely desquamated and passed away, leaving a healthy granulated surface, with some spots of pus here and there. The passage of the urine now occasioned much smarting in the wound. From this period the first healing disposition in the incision is to be dated. By the 10th day, the cutaneous crusts had generally fallen off. The wound now healed rapidly and progressively, until the 23d day, having diminished more than one half during this period ; the general health and spirits, too, greatly improved during the same time.

On the 23d day, about 10, A. M., a distinct chill occurred, succeeded, after nearly an hour's duration, by a pretty sharp febrile struggle, attended with a rapid pulse ; hot, dry and red skin ; distressing thirst ; coated tongue ; dejection of spirits, sighing ; drowsiness ; costive bowels, with some tumidness of the abdomen. I was informed on my arrival that the child's bowels had been for some days more disposed to costiveness than usual since the symptoms ameliorated ; but that as appearances seemed very favorable, and the little patient witnessed much unwillingness to take medicine, it had not been given, although particularly directed.

The calomel and rhubarb were again resorted to, succeeded by a saline cathartic four hours afterwards, with effects equally as decided and beneficial, in every respect, as in the first trial ; every symptom giving way under the second operation of the medicines.

This second febrile effort was followed by a furuncular inflammation, which located itself successively in different regions of the dermoid and subtegumentary textures, from this period to the 35th day from the operation. The furuncles varied in size, from that of a small egg to a garden pea, and generally, when opened, discharged a puro-sanguineous fluid. The healing of the wound was somewhat retarded by this eruptive irritation, but not materially so ; very little general fever marked it in either of its stages. By the 35th day, it had closed ; and by the 40th, was firmly healed and cicatrized.

*Remarks.*—The peculiar circumstances of the case which has been detailed, are doubtless entirely attributable to the irritation of chickenpox, under which the little patient labored when he was lithotomized, and the furuncular irritation which succeeded it as a secondary affection. That the child labored under chickenpox when the operation was performed, is inferred from the fact, that several other children of the same family, in constant habits of intimacy as playmates and bed-fellows, broke out with this disease about the same time, some on the day the operation was performed, others in succession for several days afterwards ; and for the further reason, that when the child was operated on, it was remarked that his skin *presented a peculiar redness* and elevation of temperature, which at the time were ascribed to crying and agitation, from the fear of the operation ; and finally, because the eruption which appeared during confinement after the operation, pursued the course, and presented appearances, usually characterizing varicella.

How long the little patient could have labored under the eruptive irritation before he was subjected to the operation, could not be determined ;

but it may be supposed, from the course pursued by the disease with the other children, and the condition of the skin while under the operation, that it was somewhere about the eruptive stage, or near it.

Being disturbed and interrupted in its course, by the various traumatic irritations, suddenly induced, and violently impressed upon the constitution, by such an operation, too, as that of lithotomy, the fever of varicella did not resume its proper course, or re-appear, until these new irritations subsided, and ceased to act as counter-irritants to it ; when it was ushered in anew by a chill as is usual, and pursued its course regularly afterwards. The furuncular fever resulted in all probability from the evanescent, congestive irritation of chickenpox, located chiefly in the skin, in consequence of the imperfect crisis by perspiration, usually following eruptive fevers ; which, as the circulation extended itself into the capillary vessels of the skin, became more and more complete, until at length congestions, collapse, and febrile reaction, followed. Retaining the characters of the original disease, the secondary affection, or febrile effort, terminated also in local inflammations, and suppurations. The more extensive and deep-seated character of these latter inflammations, is to be attributed most probably to the peculiar state of the skin, generally present soon after chickenpox ; being irritable, and sub-inflammatory, more especially where the previous eruptions had existed—pretty much as is the case near, and even upon, blistered surfaces.

The febrile symptoms of the renewed attack of varicella being the most universal in their range in the constitution, suspended in turn, and more effectually, the adhesive efforts, while the secondary, or furuncular, being more limited and less intense, only exercised the interrupting agency partially.

The foregoing case points out clearly the necessity of examining closely into the previous state of the patient's health before an important operation is performed. The controlling influence, too, which dissimilar, strong, and new impressions exercise, in suspending a disease, or in disturbing it in its course, after it has actually commenced and advanced considerably in its progress, is also most clearly shown. A valuable practical lesson is thus afforded ; confirming what has long been known, that "to cure one disease a new one must be created." How far the principle can be extended, the limits of so short a paper will not allow me to attempt to explain.

The remediate operation of mercurial cathartics, in diseases connected with abdominal traumatic irritation, is most decisively evinced by the two cases of eruptive disease which were treated by them exclusively (as the modifying circumstances in the case of lithotomy we have detailed). In closing this paper, I will add that I know of no remedy possessing half their efficiency as certain means of security against peritoneal or other abdominal inflammations, after parturition or surgical operations, if administered before congestions form to any considerable extent, or before inflammation actually invades the textures. I employ them in all cases in a few hours after abdominal operations, and repeat them every eight hours, until natural secretions are elicited, and oftener if the case be threatening.

The foregoing case is at the disposition of the Editor of the Boston Medical and Surgical Journal, from his friend,

JOHN P. METTAUER, M.D.

Prince Edward C. H., Va., May 22d, 1835.

### CEREBRAL TUMOR.

BY S. GREGG, M.D. MEDFORD, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

ABOUT the middle of March last, Mr. W. J., aged 41, complained of an inability to use his right arm—that when he attempted to extend his hand to take an object, it would pass to the *right*, without his being sensible that the limb was moving in a wrong direction.

On ascertaining that he had been subject to a torpid habit of bowels, it was presumed that a few potions of cathartic medicine would remove the difficulty.

I did not see the patient again until April 1, when I was again called to visit him. I found that he had not been in the least relieved from his former symptoms, and that he now complained of severe pain of the head, principally in the occipital region; pulse full, and the tongue covered with a thick, white coating. He was bled about sixteen ounces, and directed a solution of tartrate of antimony (in small potions) as a diaphoretic.

April 2d.—All symptoms milder: had continued in a moderate perspiration. As there had been no dejection, directed a cathartic.

3d.—More comfortable; tongue still coated, but some appetite.

6th.—Had suffered much pain during the day previous, as he supposed, from having eaten freely of some unsuitable food on Saturday evening. Pulse preternaturally slow, and tongue still covered with the same thick, flocculent coating. Directed operative medicine.

7th.—Less pain, and had rested well.

8th.—Headache still troublesome; directed a blister to the nape of the neck.

13th.—The same difficulty in using the right arm, but less pain in the head; tongue still coated, although the patient was rather disposed to take food.

16th.—Symptoms generally more favorable, with occasional headache.

30th.—Not so well. Pain of the head at times *very severe*, mostly in the anterior part, through the temples; pulse 45, and appetite, which had been pretty good, was now much diminished; appearance of the tongue the same. Blister repeated, and leeches to the temples.

May 3d.—Headache at times intolerable; pulse 40, and full; same difficulty in using the right hand—sometimes letting the vessel fall while drinking. The right leg became now similarly affected, not being able to support the weight of the body upon it. The mind began to be inactive; indeed, a general listlessness seemed to pervade every expression and movement. No motion of the intestines without medicine. The leeches were repeated with apparent benefit—the pulse rising in frequency

after the application. The above symptoms continued nearly the same ; the pulse varying from 45 to 65 until the fifteenth, when the pupil of the right eye was noticed to be occasionally dilated, which, after a few days, became permanently so, assuming an oblong and irregular form. These were the appearances until May 23d, when the patient became insensible, with stertorous breathing, and died on the 24th.

*Autopsy*, thirty hours after death. Longitudinal sinus turgid, and so were the vessels of the meninges. External appearance of the brain; in other respects, natural. On making a section of the superior portion of the brain, a tumor was seen to protrude from the cineritious mass, nearly under the centre of the left parietal bone. The tumor was of a gelatinous character, with a slight greenish tinge, having a little more consistence than the substance of the brain, with attachments so slight as to be ruptured by its own weight. It was about one inch and three lines in its longest diameter, and about eight or nine lines in its shortest—the surface was irregular, having the appearance of commencing ulceration.

*June 2d, 1835.*

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## BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, JUNE 10, 1835.

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### DISEASES OF THE SEASON.

AFTER an examination of the bills of mortality and health office reports of this and other cities, for the last three months, we are satisfied that a more uniform state of good health was never known to the physicians of this country, in any former period of its history. As a nation, we have been blessed in regard to the public health, and at this moment are in its full enjoyment.

No particular type of fever seems to be prevalent; acute inflammatory affections are extremely rare; surgical operations are scarcely heard of—and with the exception of an occasional local excitement produced by the sudden outbreakings of smallpox, varioloid, or accidents having their origin in some of those bold mechanical enterprises which characterize the times in New England, peace, health and plenty abound.

Though contradictory accounts are circulated in relation to the re-appearance of the once sweeping desolation of cholera, it is confined to one or two settlements. Unless a thorough and searching system of cleanliness is rigidly pursued, however, in every town where families of a certain description, such as have no regard for their own personal comfort, are compactly settled in narrow streets and lanes, in which various offals, street water, and putrescent vegetable and animal remains, are negligently suffered to accumulate, the same sufferings which are experienced at Memphis and New Orleans, may be anticipated. Cholera is a prompting messenger to all heedless magistrates. Physicians cannot always exterminate diseases; but they must be sustained by the good sense, energy and ability of those municipal officers who have in charge the highways and byways of the land.

Endemics may yet be exhibited, as the season is advancing when those



causes will be in operation, depending partly on atmospherical influence, which give rise to them ; but we are now especially contemplating the present, as an extraordinary epoch, when no maladies are existing calculated to disturb the equanimity of the public repose. Even that slow, but fatal affection of the lungs, pulmonary consumption, seems to have been partially suspended. Compared with the catalogue of its victims in February, March, and April, there is certainly great cause for gratitude. This is referable altogether to a modification of temperature, and the concomitant changes which depend upon the return of summer.

Physicians, as well as patients, have too long been accustomed to await the insidious approaches of phthisis, as something beyond the reach of medical skill—something to be dreaded, but not to be successfully combated. The mere fact that thousands after thousands are silently yielding up their lives, from year to year, without a single prospect of escape even in its incipient stages, though hope buoys up the soul by the administration of supposed remedies as delusory as their ultimate fate is certain, calls imperiously upon the profession to make unabated exertions, that pulmonary consumption may not remain to reproach them with the imperfection of their knowledge.

When the cold winds of returning autumn begin to blow, and those vicissitudes of weather peculiar to the northern States recommence the work of destruction on the delicately organized textures of the lungs, the calm that is now enjoyed will be succeeded by scenes of a widely different character.

While the country is thus participating in such happiness as can only flow from uninterrupted public health, the profession cannot engage in any higher or more praiseworthy pursuits, than investigating those causes by which it is at all times liable to be endangered. It is to medical men that the people have a right to look for counsel in all that concerns them in the hour of sickness. It would be unpardonable, therefore, not to be qualified, by all the means at human disposal, to render that assistance which they are by common consent supposed to be able to afford.

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#### SMALLPOX.

CASES of this fearful disease have occurred, the present season, in different parts of the country, and justly excited the alarm of the community. Scarcely a week passes without the announcement of its appearance in country towns, where there has not been the least reason for apprehending such a scourge.

Since our last Journal, we learn that the smallpox has broken out, and rages from Memphis to Natchez, and thence to Natchitoches. One case has also recently appeared at Framingham, another at Braintree, Mass. and two more cases were carried from Dorchester on Monday last. It is by no means strange that consternation and anxiety are manifested, when so small a part of the population of the interior, through the most culpable negligence, are unprotected against its frightful devastations. Owing to a blameable remissness in not enforcing the long established and useful precaution of cleansing certain cargoes which are brought to this country, smallpox has been repeatedly introduced into manufacturing districts, where under ordinary circumstances it would not have been developed. In three instances, within a few weeks, imported rags have carried the malady into the very midst of papermill operatives ; and wool, occasionally brought from the Mediterranean, has been equally

a terrific messenger of suffering and death. Lastly, the thousands of foreign emigrants, from infected vessels, distribute it in their clothing to every section of the Union. Nothing short of vaccination can arrest its progress, or save an individual brought within the sphere of its influence, from its certain action.

No one can doubt the propriety of an efficient health police, at all the ports of entry, which shall subject cargoes to a rigid examination and a thorough ventilation, before landing; and also, an equally vigilant course in relation to the garments and personal effects of passengers, before being allowed to wander over the country to the positive injury of the public health.

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*Woodstock, Vt. School of Medicine.*—In a recently printed catalogue, the names of the following gentlemen constitute the Faculty, viz. H. H. Childs, on Theory and Practice of Medicine; W. Parker, on Surgery and Physiology; D. Palmer, Obstetrics and *Materia Medica*; John D'Wolf, Jr., Chemistry and Natural History; Robert Watts, Anatomy; W. P. Russell, Medical Jurisprudence; and B. R. Palmer, Demonstrator of Anatomy. Total number of students at the late lecture term, sixty. Middlebury College confers degrees on graduates of this School.

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*Connecticut Medical Society.*—In a small pamphlet, the receipt of which is hereby acknowledged, entitled the "Proceedings of the President and Fellows, in Convention, May, 1835," is a catalogue of the members, three hundred and ninety-three in number, with their places of residence—a very convenient directory. From all we can discover, the Society is prosperous and efficient. Dr. Miner, the talented president, would do honor to any institution.

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*Transactions of the N. York Medical Society.*—Vol. II., Part II., containing several well-written papers, beside the doings of the State Medical Society, of which Dr. John H. Steele is president, has been published at Albany—a copy of which has been received at this office.

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*New York Hospital.*—During the year 1834—seventeen hundred and twenty-one patients were admitted into the hospital. Twelve hundred and sixty-six were cured, sixty-nine relieved, one hundred and fifty-four discharged at their own request. One hundred and seventy-four died. Two hundred and twenty-two persons received the benefits of the Bloomingdale Asylum for the Insane, in the same year.

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*College of Physicians and Surgeons, New York.*—At the late commencement of this institution, of which Dr. John Augustine Smith is president, twenty-five gentlemen graduated with the honors of the School.

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*Annals of Phrenology.*—Vol. 2, No. 1, under the editorial charge of four literary gentlemen of Boston, contains an unusually interesting collection of articles. Dr. Shurtleff's Anatomical Report on the Skull of Spurzheim, does him great credit. Whoever wrote the article entitled "Thoughts on Materialism, Insanity, Idiocy, Comparative Anatomy,

Memory, Consciousness, &c." in answer to a critique in the *Christian Examiner*, discovers uncommon patience, perseverance, and knowledge in the abstruse doctrines of mental philosophy.

*Hopkins Medical Association.*—The annual meeting of this association, at Hartford, Conn. will be held this day at 2 o'clock, P.M. *Dissertators.* Dr. H. Holmes—"Vis medicatrix naturæ." Dr. A. Welch—"Extra professional practice." Dr. A. Talcott—"Causes of discrepancies of opinion among medical men."

*Medical Beneficiaries.*—M. D. Benedict, W. B. Williams, J. A. Hovey, I. H. Hutchins, Erastus Erwin, L. D. Wright, L. E. Carver, and J. B. Merriman, were recommended by the several county meetings of the fellows of the Connecticut Medical Society, to attend, gratuitously, the next course of lectures at Yale College. It is to be regretted that a similar benevolent movement has not long since been made in Massachusetts for benefiting indigent students of medicine.

*Obliteration of the Vena Cava Superior as it enters the Auricle.*—Dr. Reid exhibited a specimen of this to the Anatomical Society of Edinburgh. The manner in which the blood from the head and the superior extremities reached the heart was indicated by the increased size of the intercostal veins and the *vena azygos*, which had evidently served to transmit the fluid, whose proper channel had been obliterated. The patient died of disease of the kidneys with dropsy. There were no symptoms indicating disturbance of the circulation, for several weeks at least, before death.

*Edin. Med. and Surg. Journ.*—*Amer. Journ. of the Med. Sciences.*

*Austrian Statistics.*—In the year 1833, the number of deaths in the Austrian monarchy was 665,731, being 76,917 fewer than in the preceding year; the deaths from cholera, however, in the latter year, may account for the difference. The number of births was 815,293. Among the deaths were by suicide, 724; hydrophobia, 35; casualties, 503; murdered, 422, (in the preceding year, 466); executed, 36 (in the preceding year, 53). There were 450 persons who were above one hundred years of age. The population of Austria, including Lombardy, Venice, Dalmatia, the Tyrol, &c. is at present reckoned at about 34,000,000.—*Lon. Med. Gaz.*

**TO CORRESPONDENTS.**—To the writer of a voluminous article, signed A. C., we feel compelled to say that the subject of his paper is at war with the principles we labor to sustain. To elevate the profession is a duty, and is the object of this Journal; but to give currency through its pages to doctrines which men of true science have invariably reprobated on account of their destructive tendency, would be inconsistent, impolitic, and dishonest. While we acknowledge, therefore, our esteem and personal respect for the writer, whom we would willingly oblige in any way not incompatible with the best interests of society, we beg to decline the publication of the manuscript alluded to, from a conviction that it would only provoke controversy, and lessen the dignity of medical science. The manuscript will be returned.

Whole number of deaths in Boston for the week ending June 6, 18. Males, 10—Females, 8.  
Of brain fever, 1—consumption, 3—measles, 1—dropsy on the brain, 2—canker in the bowels, 1—teething, 1—delirium tremens, 1—marasmus, 1—old age, 1—insane, 1—infantile, 1—burn, 1—child-bed, 1—apoplexy, 1

## Record of Meteorological Observations for May, 1835.

1835 May	THERMOMETER.			BAROMETER.			Appearance of the Atmosphere	Wind	Rain	Memoranda, &c.
	Min.	Max.	Mean	Min.	Max.	Mean				
Frid. 1	42.00	50.00	46.00	29.98	30.00	29.925	Cumuli	NW		Barom. at 9h. a, 29.85
Satur. 2	43.00	57.00	50.00	29.85	29.95	29.900	"	E		[bus during night
Sun. 3	41.00	55.00	48.00	30.05	30.05	30.050	"	E	.60	Rain, a. Rain and nim-
Mon. 4	42.00	55.00	49.00	30.05	30.10	30.075	Cumulus	SW	.25	Rain, and during the
Tues. 5	42.50	45.00	43.75	29.85	29.90	29.875	Cir. c. strat.	NE	.28	Rain [night. ] a.
Wed. 6	42.00	59.00	50.50	29.80	29.92	29.860	"	SW		
Thur. 7	43.00	62.00	52.50	29.80	29.95	29.875	Cumuli	NW		
Frid. 8	45.00	46.00	45.00	29.80	29.90	29.850	Cir. c. strat.	"		SW, m. Ther. 44 a.
Satur. 9	38.00	57.00	47.50	29.82	29.88	29.850	Cumuli	SE		S, m. Cir. cum. strat. a.
Sun. 10	43.00	57.50	50.25	29.80	29.80	29.800	Cir. c. strat.	"		Cumuli, a.
Mon. 11	42.50	69.50	56.00	29.85	29.92	29.885	Cumulus	SW		
Tues. 12	48.00	71.00	59.50	29.90	29.93	29.915	"	"	.01	NW, a. ☉ m.
Wed. 13	44.00	54.00	49.00	30.02	30.06	30.040	Cumuli	NE		
Thur. 14	40.00	50.00	45.00	29.80	29.95	29.875	Cir. c. strat.	"	.74	Rain, a, & during night
Frid. 15	41.00	40.00	40.50	29.55	29.65	29.600	"	"		Rain. NW, a.
Satur. 16	37.00	56.00	46.50	29.50	29.60	29.550	Cumulus	NW	.02	Slight showers & squally
Sun. 17	46.50	66.50	56.50	29.65	29.76	29.705	"	SW		
Mon. 18	47.00	71.00	59.00	29.80	29.85	29.825	Cirrus	NW		
Tues. 19	48.50	74.00	61.00	29.90	30.05	29.975	Cumulus	SW		☉ m.
Wed. 20	59.00	83.50	71.25	29.80	29.84	29.820	Cumuli	N		NW, m.
Thur. 21	53.00	56.50	54.75	29.98	30.08	30.030	Cir. c. strat.	E		
Frid. 22	43.00	55.00	49.00	30.10	30.30	30.200	Cirrus	NE		
Satur. 23	44.00	56.00	50.00	30.35	30.40	30.375	"	SE		
Sun. 24	43.00	72.00	57.50	30.15	30.40	30.275	"	SW		[ning at night
Mon. 25	50.00	80.00	65.00	29.75	30.05	29.900	Cumuli	E	.03	SW, m. Rain and light-
Tues. 26	58.50	75.50	67.00	29.75	29.85	29.800	"	NW		
Wed. 27	55.00	69.00	62.00	29.96	30.04	30.000	Cirrus	NW		☉ m.
Thur. 28	54.00	52.00	53.00	29.90	30.04	29.970	Stratus	NE		Foggy
Frid. 29	51.50	74.00	62.75	29.55	29.80	29.675	Cumulus	S	.20	Nimbus. SW, a.
Satur. 30	58.00	74.50	66.25	29.65	29.90	29.775	Cirrus	"		NW, m.
Sun. 31	55.00	66.00	60.50	30.00	30.05	30.025	Cumuli	SE		
Aggreg.	46.45	61.62	54.015	29.86	29.96	29.9159	Cumuli	NW	2.13	

**Result.**—Mean temperature, 54.015; maximum, 20th, wind N, 83.50; minimum, 16th, wind NW, 37.00; greatest daily variation, 25th, wind E, 30.00; least daily variation, 8th, wind NW, 1.00; range of thermometer for the month, 46.50; increase of mean temperature from April, 12.790; prevailing atmosphere, cumuli, generally fine and clear weather. Prevailing wind, NW. Mean atmospheric pressure, 29.9159; maximum, 23d and 24th, wind SE and SW, 30.40; minimum, 16th, wind NW, 29.50; greatest daily variation, 25th, wind E, 0.30; least daily variation, 10th, wind SE, 0.00; range of barometer, 0.90; increase of atmospheric pressure from April, 00.1153; rain, 2.13 inches.

**Comparative with May, 1834.**—Mean temperature, 52.4193; maximum, 84.00; minimum, 32.00; prevailing atmosphere, cloudy. Mean atmospheric pressure, 29.9325; maximum, 30.32; minimum, 29.50; rain, 5.48 inches; prevailing wind, SE.

Fort Independence, Boston, June 1, 1835.

B.

## ADVERTISEMENTS.

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WALTER CHANNING,  
JOHN WARE,  
GEORGE W. OTIS, JR.  
WINSLOW LEWIS, JR.

Boston, April 1, 1835.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, post-paid. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy, gratis.—Postage the same as for a newspaper.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. XII.]

WEDNESDAY, JUNE 17, 1835.

[NO. 19.]

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## A CASE OF FRACTURED SPINE, WITH DEPRESSION OF THE SPINOUS PROCESS, AND THE OPERATION FOR ITS REMOVAL.

BY DAVID L. ROGERS, M.D. OF NEW YORK CITY.

THIS case occurred on the 3d of February, 1834, in the person of a Mr. Little, aged thirty-one years, who fell from the roof of a three story house (as is supposed), upon a coal box, which fractured the spinous process of the first lumbar vertebræ, and depressed this process upon the spinal cord; a space was distinctly felt between the last dorsal and second lumbar vertebræ. He presented those symptoms, paralysis and suffering, which are familiar to surgeons in such cases. After reaction was fully established, the paralysis of the lower extremities continuing, with other distressing symptoms, it was determined to remove the depressed process.

*Operation.*—The patient was laid upon a cot, and placed on his side, as symptoms of suffocation were produced when lying on the face. The shoulders and hips were carried forward, which caused a projection of the spine; an incision of about five inches in length was made, in the direction of the spine; several fragments of bone, broken from the spinous process of the last dorsal vertebræ, presented, which were removed. From the comminuted state of the depressed process, it was thought that it could be removed without the saw, and in elevating it, every part was detached except at the oblique processes. An attempt was made to separate these with the knife alone, but without success; Hey's saw of small size was now employed, but the mobility of the part rendered this a tedious and difficult part of the operation; the irregular edges of the bone occasionally coming in contact with the spinal cord, caused excruciating pain, accompanied with convulsive contractions of the muscles of the back; with the aid of the double hook and elevator it was fixed, and by gently sawing, it was separated on one side, but could not by this mode be detached from the other side. Again the knife was used, and the capsular ligament was divided from the outside; the process was then drawn upwards and outwards, so that the probe-pointed bistoury might pass between the articulating surfaces, which completely separated its attachments. About two inches of the spinal cord was now exposed, covered with coagulated blood, quite firm; this was removed with the forceps. The spinal cord did not seem to be injured. The wound was drawn together by a suture, and adhesive strips, with a bandage. The patient was laid upon a firm mattress, on his back. In about fifteen minutes after the operation, he said he was much relieved; sensibility

returned to the lower extremities ; respiration became easy, and with the assistance of an anodyne, he slept for several hours.

The above operation was performed on the morning of the 5th of February, 1834. At 8, P. M., of the same day, he complained for the first time of pain in his feet, and a difficulty in passing his urine. A catheter was introduced, and about a quart of urine discharged. Gave him lemonade and gum Arabic water for the night.

*February 6th, morning.*—Has rested well during the night ; complains much of pain in his feet ; they are highly inflamed and vesicated ; twelve leeches applied to them ; skin dry. Pulse 106. Ordered spirit minde-rer. 7 o'clock, P. M. Pulse much excited ; skin dry ; complains of pain in the wound ; turned him on his side, which gave much relief ; was directed to take at bed time, proto-chloride hydrarg. grs. vi. ; Pulv. ipecac. compos. grs. x. M. The lemonade omitted for the night. Warm fomentations to the feet.

*7th, morning.*—Rested well a part of the night ; complains of pressure about the wound. Pulse 100, and tense. Bladder much distended with urine. Bled him ten ounces, when he became faint. 7, P. M. Was much relieved by the bleeding ; slept several hours during the day ; urine drawn off twice to-day. Ordered pulv. ipecac. comp. grs. x. at bed time.

*8th, morning.*—Vomited during the night, which caused much distress in the wound ; no discharge having taken place from the bowels since the operation, notwithstanding several injections had been given, he was directed to take ol. ricini, 3j. ; tinct. opii. gtt. xx. and effervescing draught. 7, P. M. Cathartic has not operated.

*9th, morning.*—The cathartic has operated several times during the night ; says he is free from pain. Pulse 98, and soft. The wound in the back dressed, has in part closed ; granulations seem healthy.

*10th, morning.*—By the aid of anodynes he rested well for the night ; skin moist ; pulse 98 ; the right foot had lost its sensation, much tumefied ; crepitation was felt on the ankle, resembling emphysema. Dr. R. being satisfied that gangrene had commenced in the foot, he immediately made an incision in the part from below the inner ankle to the great toe, down through the distended cellular tissue. The whole of the foot was gangrenous, extending above the ankle. The nitric acid lotion was applied with lint, and the part covered with a poultice. He was directed to take gum opii. gr. ss. and carb. ammonia grs. ij. every two hours.

*11th, morning.*—Delirium ; refused his medicine ; gangrene extended ; made deep scarifications into the sound parts ; continued the same dressings as yesterday. Directed arrowroot, with wine and porter.

*12th, morning.*—Is more composed this morning ; slept several hours during the night ; took his medicine regularly. The soft parts about the foot have separated from the bones, most of which are in a state of comminuted fracture.

*13th, morning.*—Delirium returned ; extremities cold ; pulse hardly perceptible at the wrist. Died in the afternoon.

*Post-mortem examination, twelve hours after death.*—Viscera of the abdomen healthy ; the membranes surrounding the viscera had a dark appearance from extravasated blood. The wound on the back was about

half closed by healthy granulations. The bones of the spine retained their relative situation. The first lumbar vertebra, from which the spinous process had been removed, was fractured through its body, but no displacement. The spinal cord seemed in a healthy condition.

Dr. Rogers makes the following remarks :—Although in all the cases of depression of the spinous processes in which an operation has been performed it has proved fatal, yet he is well satisfied that this case presents a strong argument in favor of repeating the operation under similar circumstances. The immediate return of sensation to the inferior extremities after the removal of the bone, with complete relief from all symptoms which indicate an injury of the spine, from the time of the operation to his death, form presumptive evidence in favor of his ultimate recovery, had it not been for the injury and gangrene of the foot. Dr. R. thinks that in a case of simple fracture and depression of the spinous process, without any injury of the spinal cord, we have a reasonable prospect of success in an operation ; at all events, it is the only chance for the patient, and under such circumstances he recommends it.

*American Journal of the Medical Sciences.*

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## ACUTE RHEUMATISM.

DEMONSTRATION OF THE MODE IN WHICH THE PREPARATIONS OF COLCHICUM PROVE USEFUL.

BY PROFESSOR A. T. THOMSON, OF THE NORTH LONDON HOSPITAL.

THE number of cases of acute rheumatism which has been admitted within the last twelve days, has again turned our attention to this disease: but I shall now direct your notice merely to one of these cases, not because the symptoms have displayed any peculiarity, but because the rapidity of the relief which followed the operation of the colchicum upon the alimentary canal, affords me an opportunity of explaining my opinions of the manner in which this valuable remedy usually produces beneficial effects in rheumatic inflammation. It has been customary to refer these effects of colchicum to its sedative or narcotic powers ; an opinion which my experience prevents me from adopting ; but in dissenting from this view of the influence of colchicum, I am anxious that I shall not be misunderstood as attempting to deny that it possesses sedative powers ; although I have never seen these adequate to the production of permanent relief from pain in acute rheumatism. If a full-dose of the wine of the seeds of the colchicum be administered after a moderate bleeding, it rarely fails to purge, and to maintain the reduction of the pulse caused by the abstraction of the blood. Under such circumstances it would be remarkable if there was no abatement of pain, if the system be brought under the influence of even a very moderate sedative. The purgative influence of the colchicum carries its sedative power, although weak, thus far, whilst it precludes the further employment of the lancet ; and thus it seems to combine the advantages of purging, and the administration of narcotics. Now in taking this view of the influence of colchicum, I am convinced that it is never productive of much benefit in acute rheu-

matism, unless it purge freely. The evacuations are generally copious, liquid, and highly bilious, owing to the remedy, as a topical stimulant on the duodenum, exciting powerfully the orifices of the biliary duct, and causing a large flow of bile to the intestine, in the same manner as exciting the orifices of the salivary ducts in the mouth not only empties those glands, but augments their secreting function. The purgative effects of colchicum are sometimes excessive, and the consequent debility is great ; but I have seen 12 or 14 copious watery stools produced by a full dose of the drug, without any obvious debility resulting. If the lancet be not previously employed, the excitement present in the habit seems to resist both the purgative and the sedative powers of colchicum; which, apparently, like those of some other remedies, require the habit to be brought into a certain condition before they can operate in a salutary manner. It is on this account that I almost invariably, as you must have observed, order my patients with acute rheumatism to be bled, and the bleeding to be followed by a dose of calomel, tartar emetic, and opium, before prescribing colchicum. If the patient be of a plethoric habit, *f. 3j.* or *f. 3iss.* of the wine of the seeds may be given for a dose, six or eight hours after the administration of the pill ; and this dose is to be repeated once in six hours until it begin to purge, when either the repetition should be deferred for twelve hours, or, if the effect be powerful, the medicine should be altogether discontinued. If febrile symptoms recur, accompanied by pain, I have generally found the tartar emetic preferable to a return to full doses of the colchicum ; but the influence of the antimonial is aided by small and frequently repeated doses of the colchicum. On the contrary, if the pulse remains soft, regular and moderate in frequency ; and the pains do not return, except, perhaps, in a slight degree in the evening ; whilst the skin, also, remains cool, I have found that the decoction of yellow bark, acidulated with sulphuric acid, or the solution of the sulphate of quinia, acidulated in the same manner, tends more than any other means to secure the patient from a relapse, and to confirm the cure.

In making these remarks, it would be uncandid were I not to mention that most distressing effects have occasionally followed the employment of large doses of colchicum ; but these have either depended on the improper administration of the medicine, or on idiosyncrasy. As a rule to guide you against the first error, you must recollect that colchicum ought never to be prescribed when the red or glazed state of the tongue indicates much irritation or a sub-acute inflammatory condition of the mucous membrane of the alimentary canal. In this case, moderate doses of the hydrocyanic acid and liquor potassæ with Dover's powder, aided by counter-irritants, may be employed to prepare the habit for the use of the colchicum ; and even after the irritable state of the alimentary canal has been sufficiently subdued to admit of its use, the remedy ought to be prescribed in small doses, frequently repeated, instead of the full doses that may be administered under other circumstances. The deleterious influence of idiosyncrasy can only be avoided, by inquiring into the effects of the remedy when it has been taken at any prior time.

*London Lancet.*



## LIGATURE OF THE BRACHIAL ARTERY FOR VENO-ARTERIAL ANEURISM.

BY N. R. SMITH, M.D. PROFESSOR OF SURGERY IN THE UNIVERSITY OF MARYLAND.

A. B. A COLORED man, aged twenty-six, called for my advice (November 25th), in relation to a tumor situated in the bend of the arm. At first touch it was evidently an aneurism. An eminent medical friend had previously examined the case, and learning its character, had referred the patient to me.

The disease had resulted from an accident in bleeding, which had occurred in the hands of a gentleman remarkable for the neatness with which he usually performs phlebotomy. The accident was owing to the local relations of the parts concerned being remarkably different from those which usually exist. It was the median-cephalic vein which had been opened, but this vessel lay much lower than is usual—that is, nearer to the inner condyle; while the median basilic was very short. The brachial artery, on the other hand, lay nearer than usual to the radial border of the arm. We entertain but little apprehension of wounding the brachial artery when we strike the median-cephalic vein, and this undoubtedly was the cause of the occurrence in this instance. The artery was wounded through the vein and directly beneath it. The blood gushed rapidly at the time, but its flow was soon embarrassed in consequence of the formation of a thrombus. A compress was finally applied, and, although bleeding in small quantity occurred several times, yet the hemorrhage was never serious. The part was a good deal swelled at the time, and painful. At length the inflammation disappeared, and there remained a pulsating tumor. At the time it was first examined by me, it had the magnitude of the half of an egg, and had a distinctly circumscribed cyst. The vein was evidently concerned in the tumor, but to what extent the tunics of the vein entered into the walls of the aneurism, it was by no means easy to determine. It appeared to me, however, on making a most careful examination, that the principal part of the cyst was formed in the cellular tissue, intervening between the artery and the vein—that the inner orifice of the wound in the vein had become expanded, and its margin incorporated with the cellular walls of the aneurism.

The peculiar aneurismal thrill was very manifest in the pulsation of the tumor. At each throb the blood was forcibly injected into the vein, suddenly expanding it both beneath and above the tumor. Beneath, however, this swelling of the vein extended no further than to the first valve, which was half an inch from the tumor. Above, the expansion of the vein was obvious half way up the arm, and the thrilling rush of the blood was distinctly felt at each pulsation of the heart. Pressure upon the brachial artery, above the tumor, arrested the pulsation. Pressure upon the tumor emptied it of its contents. The walls of the tumor toward the surface were thin.

The compress having been already ineffectually employed in this case, and the tumor obviously increasing, I immediately advised that the ligature of the brachial artery should be performed without delay. For this

operation he repaired to the Baltimore Infirmary, where I was then officiating as surgeon. Preparatory to the operation, I caused blood to be taken from the arm—prescribed a low diet and repose for two or three days.

The operation was performed in the presence of the medical class of the University of Maryland, and with the assistance of the pupils of the house. The patient was seated in a chair, and his arm was extended upon a table. The incision was made as usual along the border of the biceps, the fascia of the arm being laid bare at the first stroke of the knife, and opened by the second. On introducing the finger into the wound, I felt the pulsations of two arteries—the one in the usual position of the brachial, close beneath the border of the biceps—the other toward the ulnar border of the arm, but not remote from it. On compressing the latter, the pulsations of the tumor did not cease, but when this was practised upon the former, they were instantly commanded. The pulsations of these vessels were so equally strong that I immediately inferred that, in this instance, the division of the brachial had occurred at a higher point than usual, and that only the radial branch was concerned in the operation. With this impression I immediately applied the ligature to the artery beneath the biceps. The pulsations of the tumor at once ceased, its volume diminished, and it became flaccid. A silk ligature was employed, one extremity of which was left hanging from the wound. The incision was very accurately closed by means of adhesive strips—a compress was applied to the tumor, and a roller to the member, from the hand to the shoulder. The patient was kept in a tranquil state. At the same hour of the next day, the tumor was found, on examination, to pulsate feebly. There was also a pretty strong pulsation in the radial artery, at the wrist. The brachial artery was also found to pulsate slightly, where it merged itself in the tumor. I could not now feel the pulsation of any artery toward the ulnar border of the arm, which could be regarded as the ulnar artery, nor were the pulsations of the ulnar at the wrist stronger than those of the radial, and I now came to the conclusion that the collateral vessel, which I so distinctly felt during the operation, was the anastomotic, considerably enlarged in consequence of the circulation in the brachial. There had occurred no visible diminution of temperature in the limb. The bandage was re-applied and kept wet with cold water.

On the third day the bandage was again removed, and we were gratified to discover that there now no longer existed any pulsation in the tumor, although it was still manifest in the artery both above and below it.

On the fifth day there was still no pulsation in the tumor, and it had now become quite hard and incompressible. There was not much tenderness to the touch, nor had the patient experienced much pain, though it was occasionally such as to disturb his rest at night.

On the 13th day the ligature came away. In the mean time complete reunion of the wound by adhesion had taken place, and he had scarcely felt a sensation where the ligature had been applied, till the present time. By any prudent effort we could not now, by pressure, force any fluid out of the cyst into the artery, or in any measure diminish its size. It

was manifest, therefore, that the blood contained in the cyst had now formed a firm coagulum, and that we might confidently expect its ultimate obliteration.

On the 20th day, the patient complained of severe pain and tenderness in the tumor, and evidently a slight degree of inflammatory swelling had taken place in its base. I conjectured that suppuration of the cyst might be about to happen, in consequence of the coagulum being so thickly covered with integuments. I directed a poultice to be applied to the part, and this to be compressed with the bandage. In two or three days the inflammation was wholly dissipated, and I found on comparing the tumor with a cast which I had made of the part before the operation, that it had lost half its original size. It was perfectly free from pulsation.

*North Amer. Arch. of Med. and Surg. Science.*

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#### CASE OF DIABETES MELLITUS.

BY RICHARD WILMOT HALL, M.D. PROFESSOR OF OBSTETRICS IN THE UNIVERSITY OF MARYLAND.

ON the 22d of April, 1831, I was requested by Dr. E. Perkins, of this city, to visit with him Robert Kinnier, a lad about seventeen years of age, laboring under diabetes. On reference to my notes, I find the details of the same as here given. Our patient appeared to be somewhat emaciated; had a sallow complexion, with those appearance of general disorder which often follow our autumnal remittent fevers. On inquiry I learned that he had suffered by an attack of this disease during the preceding autumn, while engaged with his father on the line of the Baltimore and Ohio rail road; and after the more severe symptoms of attack had passed away, a remittent fever with irregular paroxysms had continued to manifest itself occasionally. At the time we saw him, these paroxysms were interrupted; but he still remained languid, incapable of active exercise, and much depressed in mind. He sometimes walked slowly in the open air, from which he experienced fatigue. His liver seemed to perform its functions slowly, but there was no tenderness or enlargement from which might be inferred a serious disturbance of this organ. He had occasionally a very slight cough. The tongue was whitish and his skin cool. The perspiration did not appear to be materially changed from the standard of health. We requested that the urine should be retained for our examination, and the quantity discharged between the hours of nine o'clock in the evening and six of the following morning (nine hours), was found by measurement to be more than one gallon—of a pale straw color, and sweet to the taste—pulse 84—appetite irregular—digestion also imperfect. He labored under no important pulmonary disturbance, and the alvine dejections evinced the presence of biliary matter.

Tonics were first directed. S. quinine, phosphas. ferri, &c. were freely used without apparent benefit for some time. No vegetable preparation, except bread, was allowed to be taken. His diet was directed to be purely *animal*, with the foregoing exception. Still finding that his diabetic symptoms were not materially altered, we prescribed the tinc. meloe.

vesicat. m. xx. ter. die. directing an increase of five to ten drops each dose, unless strangury should have been perceived.

On the 19th of May, we found his pulse 84—one pint of urine discharged during the night—bread omitted and diet altogether animal. It may be remarked that he relinquished the use of bread with great reluctance,—occasionally obtained it by stealth, but acknowledged that it always increased the flow of urine. He then concurred in the propriety of the prohibition, and abstained from its use. On this day he was taking 270 drops of the tincture thrice a day—tongue more natural—urine less—bowels more regular,—directed to increase the tincture. He sleeps more comfortably during the night.

On the ninth of June, dose of tincture four hundred drops, which produced a slight strangury—bowels regular and fæces natural in appearance—urine last night, 3iv.—diminished the quantity of the tincture—pulse 84.

June 12th.—Takes 350 drops—tongue more natural, pulse 90 and soft—appetite and digestion improved—so also his general appearance. After this period he gradually increased the amount of the tincture to four hundred drops each dose, without strangury and with manifest advantage. He now was enabled to take exercise in the open air, and his strength was increasing daily.

On the 19th June, he applied to the apothecary for a fresh supply of the tincture. A small quantity remained in the bottle from which he had previously been supplied, and in taking it down from the position which it occupied, the fluid was agitated, and thus suspended much of the fine particles of the cantharides. Of this turbid fluid he took in the morning 425 drops, estimated to be double the strength of the pure tincture. Pain of the kidneys, distressing strangury, and urine slightly tinged with blood, followed. When called to visit him, I found his pulse 90 per minute, voluminous and active. The warm bath was forthwith directed—m. 60 Tr. opii. with 3i. ol. ricini were given with mucilaginous drinks. He was soon relieved, and readily evacuated the bladder. The quantity of fluid was small. 20th June, pulse 90—quite composed—free from pain and strangury; urine natural, and moderate in quantity. Directed the tincture to be omitted. No morbid change, or increase in the quantity of urine, was perceived after this. On the 23d of June, he had a slight paroxysm of remittent, which was speedily interrupted by the use of S. quinine. Pulse 80 on the 26th, and no evidence of diabetes remaining. He soon regained his strength, and entered on an active course of duty, as a grocer, in Baltimore.—*Ibid.*

## ON SOME OF THE USES OF TURPENTINE.

BY W. C. ROBERTS, M.D. NEW YORK.

TURPENTINE evinces its greatest utility in the *neuralgia*. According to Cullen, Drs. Cheyne and Pitcairn first lauded it in these disorders, and in *sciatica* in particular. In France, M. Récamier employed the essence fifteen years ago, for the cure of femoro-popliteal neuralgia; and

the results of his practice have been set forth in a thesis by M. Martinet, defended in 1818, at the faculty of medicine in Paris. Ten cases were cured, two were benefited, and three were unrelieved. It would appear that there ought to exist no organic lesion of the affected nerve, for the remedy to succeed. Two drachms of the essence, in four ounces of honey of roses, were given daily, in three doses and at intervals of three hours; and in most of the patients, six days only were required for the cure. In 1823, M. Dufour published his experiments on the use of the essence of turpentine in neuralgia. Six patients out of seven were cured, without any perceptible effect from the remedy. (Rev. Med. August, 1824). M. Laroque employed it about the same time, and cites twelve or fifteen successful cases (Ac. R. de Med. 8 Sep. 1828). In 1824, M. Martinet re-issued his thesis, and published a second edition of this memoir in 1829. In the latter he states, that of seventy patients of whom he then had charge, fifty-eight were cured of crural or popliteal sciatica, or other neuralgia; three by frictions, and *all the rest by the internal exhibition of the medicines*. The symptoms which it caused were slight, when it was prudently given, and a free diaphoresis in the course of the affected nerve was a favorable omen. The remedy is never to be persevered in beyond the tenth day. We have detailed these facts at some length, because we think them calculated to lead to the mitigation of a very terrible and obstinate affection, against which medicine has hitherto waged an unequal war. In other of the *neuroses*, turpentine is not without its efficacy; *tetanus*, the most formidable of them all, has been cured by it. Toms has recorded a case in which three half ounce doses, given at intervals of three hours, put an end to the spasms, and was followed by copious stools and free vomiting. A very remarkable case of tetanus, from a wound successfully treated by our much respected preceptor, Professor Mott, with turpentine, in which many ounces were taken, is somewhere recorded.

A subsequent one, in which several ounces also were exhibited, and in which we were ourselves concerned, was not so prosperous. Free purging and profuse sweating followed its use, and the jaw relaxed considerably, but it proved ultimately and unexpectedly fatal. Dr. Philip, in the Med. Ch. Trans. vol. vi. tells of a case in which a glyster of an ounce of sp. tereb. rubbed up with the yolk of an egg in 8 oz. of senna, speedily put a stop to *convulsions* of very considerable severity. In an admirable practical lecture, by Dr. Graves, on that species of convulsion which is induced in children by improper diet, quoted in the Am. Jour. Med. Scien. for Aug. 1833, we find him advising, on the failure of other means, a mixture of turpentine 3i. castor oil 3iv. the syrup of poppies and mucilage. "Of this, when well shaken, exactly 3j. was to be given every third hour; and what was the result? It operated on the bowels, produced a copious discharge of urine, and the convulsions ceased."

Dr. Percival has prescribed turpentine in *epilepsy* with success in three instances. Dr. Reid (Dub. Trans. vol. iv.) gives it in the same disease with good effects. "I have freely used," says Dr. Knight, in his work upon the moral and physical causes of insanity, "the spir. tereb. rect. as recommended by Dr. Ed. Percival, in the Ed. Med. and Surg. Jour.

and frequently with much benefit, in the epilepsy of lunatics ; the fits being often suspended from their usual accession, and when returning, being less violent." A French journal records a case of verminous *cataplexy* cured by this remedy, and in the *cephalgia* of delicate and hysterical females, together with other measures, we find the spirit of turpentine, in considerable doses, recommended by that accomplished physician, Dr. Graves. "Since I have employed them (spir. tereb. and the nit. argenti) in hysterical determinations to the head, I have been able to overcome these and similar affections with much greater facility than formerly. The spir. tereb. is best suited to the violent stages of the disorder, and may be given in doses of one or two drachms, to be repeated according to its effects. The best vehicle is cold water ; and some will bear and derive advantage from two or three doses a day, experiencing from its use a diminution of headache, a removal of flatulence, together with a moderate action of the bowels and kidneys. Slight degrees of dysuria or hematuria ought not to cause us to discontinue it."

In *colic*, a favorite prescription of Dr. Dewees, of Philadelphia, consists of oil of mint, 3j. and of turpentine, 3j. ; the dose a teaspoonful p. r. n. The opinion of this gentleman as to its efficacy as a purgative, when in conjunction with the oleum ricini, we have already expressed. To obstinate *constipation*, failing other means, it seems well adapted ; and in *chronic diarrhæa*, and in certain *torpid conditions of the bowels*, with furred tongue, sour eructations, and acrid slimy stools, it is pronounced by Professor Chapman to be an incomparable remedy. "In anomalous returns of *spasmodic pain* in the bowels, I have succeeded, says Dr. Armstrong, in his work on chronic diseases, "with pretty full doses of tereb. rect. ; and in doses of fifty or sixty drops, three times a day, have allayed that uneasiness which is by some felt when the stomach is empty, and which is relieved by food." A mixture of equal parts of the essence of turpentine and sulphuric ether, is said, by Durande, to allay the pain of *biliary calculi*. It has the effect of dissolving these concretions, when they are placed in it, out of the body ; the practice is a very old one. Turpentine has been given in *dropsy* ; and according to Orfila, it would appear to be the best means of combating the symptoms of *poisoning by the hydrocyanic acid*. A case of *asphyxia from opium*, cured by its internal use, and the exhibition of it in glysters, is contained in the Lon. Med. Gaz. 1826. There is a remark made by Dr. Prichard, in his work on the diseases of the nervous system, which relates to the therapeutic uses of this medicine, and which I think has escaped observation. He is speaking of epilepsy depending upon deranged conditions of the uterine functions, and after having advised it as a stimulating glyster, proceeds to assert that it is one of the most potent diffusible stimulants in the whole materia medica, and the most potent *emmenagogue*. The black hellebore and savine, he says, are not as powerful. His mode of using it, is to give from 3ss. to 3ij. daily, in an emulsion. In *mania* connected with defective catamenia, he relies much upon it. Again : in treating of that form of epilepsy which he calls enteric, wherein acrid matters, worms, the irritation of dentition, &c. cause a sympathetic disorder of the brain, after depletion, &c. of all the remedies Dr. Prichard has ever tried, he has found none so frequently useful as oil of turpentine.

"It occasions moderate and regular evacuations, corrects the tendency to a frequent repetition of griping and irritating stools, and relieves or removes flatulence. At the same time, it exerts a peculiar sedative, or tranquillizing power on the nervous system, lessens irritability and promotes sleep." P. 263.

The efficacy of turpentine against the *tænia* is well known and strongly attested. Kennedy, of Glasgow, Kanam, Gomez, Knox, Mello, Cross, Fenwick, Latham, Laird, Bateman, Pommier and Mérat, are among its warmest advocates. From half an ounce to two ounces of this oil may be given daily; if it purges, the worm may be passed very speedily, but it is oftenest passed after an interval, dead, and in a state of decomposition. Other worms have also been evacuated by its agency; but it is thought by the authors of the Dict. de Mat. Med., that its use in cases of tapeworm will soon be abandoned, because in the bark of the root of the pomegranate we possess a safer and more certain teniasuge. In some of the *profluvia*, in *leucorrhæa*, *blenorrhæa*, *hæmatemesis* and *melana*, its exhibition has been commended; and Dr. Geddings, of Baltimore, and others of his friends, have found it of great service in arresting *ptyalism*. He used it as a gargle, 3ij. to 8 oz. mucilage.

It is well known that it is by means of turpentine that Dr. Kentish treated *burns* so successfully; and many of the best authorities of the day, among whom are Mr. Lawrence and Sir A. Cooper, look upon this method as the best in severe cases. An application of turpentine to the burn was made thrice a day, and then a liniment of basilicon ointment softened with the oil, was laid on with compresses. The surgical uses of turpentine are numerous. It enters into many ointments; it is frequently injected into fistulous sinuses; and either warmed or made into a paste with Peruvian bark, it forms a useful application to *gangrenous sores and stumps*. The latter is the practice of the Glasgow infirmary, and over the cake thus formed, is laid a pledget of resinous dressing. A very successful mode of treating a *carbuncle*, is by making into it a crucial incision, and filling the cuts with lint dipped in the spirit of turpentine. By this means the pain and irritation are speedily assuaged, and a healthy action is brought about in the sore. Its uses as a liniment for exciting *rabefaction* need only this allusion.

*United States Medical and Surgical Journal.*

## CASE OF STRANGULATED INTESTINE WITHIN THE ABDOMEN.

BY S. B. CARPENTER, M.D. NEWTON, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

Miss A., of delicate constitution, had suffered much from ill health for several years. Catamenia had been very irregular. For the first six months of the last year there had been a complete suppression; but for the remainder of the year, she had menstruated regularly every week.

I was summoned in haste to see this patient, for the first time, between eleven and twelve, P. M. July 28, 1833. She was then suffering severe pain in the epigastric and pelvic regions. She very soon, however, attributed all the pain to the pubic region. That evening she went

to bed as well as usual, after attending church twice during the day ; ate a very few baked beans for dinner. It should be remarked that she was menstruating very little at this time. Pulse 70 to 75, not very full or strong, and the tongue very little coated. An emetic brought up some undigested food, with a little mucus and bile. The pain continued in paroxysms, although there was not a complete cessation in the intervals. Very little tenderness was felt by pressure on the abdomen, which appeared quite natural. She had had no dejection since the 27th. In this situation the patient continued till about three o'clock, P. M. Nothing gave even temporary relief, except opiates ; cathartics, enemas and fomentations were all ineffectual. The stomach became very irritable, but nothing was ejected except mucus and bile. At this time she appeared evidently sinking. The abdomen became more and more distended ; pulse was very feeble and quick, and scarcely perceptible at the wrists. Just before 10, P. M. twenty-three hours from the first alarm, she suddenly expired.

In this case nothing had appeared very extraordinary or even alarming, till about eight hours previous to her death. In fact there was scarcely a symptom except those which usually accompany painful menstruation. The mother, an observing, intelligent woman, remarked that her daughter had suffered in this way many times before. The total impossibility of getting any medicine to act on the bowels, and the appearance of sinking between 2 and 3 o'clock, P. M. began to excite a suspicion, for the first time, that something very peculiar in character existed in the case.

*Post-mortem examination.*—Twelve hours after death, I commenced an examination. The abdomen was exceedingly distended, but not hard. On cutting through the parietes, nearly a pint of serous fluid escaped from among the intestines. The cause of death was at once revealed. The bloodvessels of the lower portion of the small intestine were highly injected with blood, so that the tissues were of a deep livid hue. The cause of her death was this :—a strong fibrous band, originating from the side of the intestine, two feet from the colon, passing over two folds of the ileum and joined to the mesentery close to its origin, bound the canal like a ligature. It crossed the ileum but six feet from the colon. The side of the intestine where the ligament was attached was so extended as to form a cul de sac 2 1-2 inches long, one inch in diameter next the intestine, and tapering to a point, then forming a small tendon about the size of a pipe-stem, and extending one inch farther before its insertion, so that the whole cord was three inches and a half long. This was evidently not of very recent origin, but it was impossible, however, to form any opinion of the period of time the intestine had been thus curiously encircled by it. Six feet of the ileum was enclosed, two below and four above the insertion of the band ; of course it was not very closely bound by a ligament of 3 1-2 inches long. How can we account for its sudden strangulation just at this particular juncture ? There was very little fecal matter present, and no undigested food. The ligament formed the exact boundary of the injected bloodvessels. Though the whole canal was considerably distended with gas, no other portion beside that described was found at all diseased.

*June, 1835.*



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**BOSTON MEDICAL AND SURGICAL JOURNAL.**


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**BOSTON, JUNE 17, 1835.**


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**"A MEMOIR OF JAMES JACKSON, JR. M.D.**

**WITH EXTRACTS FROM HIS LETTERS TO HIS FATHER, AND MEDICAL CASES COLLECTED BY HIM."**

SUCH is the title of a beautifully executed octavo of four hundred and forty-four pages, by James Jackson, M.D. the Prof. of the Theory and Practice of Physic in Harvard University. We have merely turned over the leaves with a view to understanding the general object of the publication, without having it in our power the present week to analyze its contents, or indeed to make such extracts as would be most satisfactory to the general reader. Enough, however, has been discovered in this monument of parental affection, to excite our warmest and most heartfelt sympathies for the parent who mourns the early death of such a son. It was our happiness to have a personal acquaintance with the talented man whose short but well employed life is here told so briefly.

The simple and unaffected narration of his character and brilliant career, cannot fail to renew the regrets of every friend to genuine merit and exalted talents, at his premature death.

To the junior members of our profession and to medical students, this work for obvious reasons commends itself in a particular manner ; and a careful perusal of its pages cannot fail in conferring much benefit.

The medical portion of the volume, we feel a thorough conviction, well deserves the attentive consideration of the admirers of those essential qualifications in a physician, viz. a talent for observation and a love of truth ; and will form a valuable introduction to those stores of knowledge which we venture to hope may, at no distant period, be opened to us from a foreign source. The following extract presents a brief sketch of the life of our departed friend.

"The history of my son's life is very simple, and it may be told very briefly. He was born on the 15th January, 1810, was graduated at the University in Cambridge in 1828, and then engaged in the study of medicine. This he did under my direction and as my pupil. He continued as such till the April of 1831, and during this time he attended the medical lectures of our University and saw the practice of the Massachusetts General Hospital. In the spring, 1831, he went to Paris, where he arrived in May, and remained till July, 1833, except during a visit of six months to Great Britain and Ireland in the spring and summer of 1832. He reached home at the end of the summer, 1833, and was graduated as Doctor of Medicine in our University in February, 1834. He was now prepared to engage in practice, and took rooms for himself in Franklin Place. He was thus brought to the starting place of active life, and under circumstances the most flattering and the most grateful, when he was arrested in his course. Exactly at this point he was arrested. His arrangements being made, he sent an advertisement to the public papers, which appeared on the fifth of March, and on that day he was taken sick so as to lodge at my house instead of occupying the rooms which he had

just announced as his residence. This sickness was his last, and he died on the 27th of the same month, being in his 25th year."

The biographer of this excellent man remarks, "The subject of this story was not indeed rewarded by long life. But in this age will it be maintained that long life is the greatest blessing? This is a topic on which I shall not enlarge; but I will only say for myself, which I do most sincerely, that I would not have added a year to my son's life, by an habitual and allowed indulgence in a single vice."

There being barely space in reservation for a short extract to-day, a part of a letter is here given, to illustrate his untiring devotion to the profession in which he was calculated to shine with peculiar splendor.

Dublin, August 19, 1832.

"MY DEAR FATHER,—I would to God I knew how it is with you at this moment. When awake, I do not allow myself to think much of cholera in America, and never to fancy that my friends can be touched by it;—but in sleep, it occurs in my dreams, and they are such as sometimes alarm me. I must await the end. I have not received any letters from you for some time;—as I have been wandering and uncertain, I directed them to be detained at London, after I left Edinburgh, and this circumstance will hurry me back to London. I am already repaid for coming to this city, by a few hours study yesterday, at the museum of pathological anatomy, at the college of surgeons. I have added to the stores of my knowledge, memory and note-books upon this subject. It is my intention so to have seen everything in the *morbid way*, that you cannot find me at fault on the most close examination. I have already seen much, that from books I had longed for, and only regret that you are not at my side, that we might burn together, as we looked upon the riches of the science we love. Do not imagine that I am going to allow myself to become a mere pathological anatomist, instead of a pathologist in the more liberal sense of the word. Remember, though I now write mainly of specimens, preparations and paintings, that from Paris I wrote much of symptomatology, aye, and studied it much, too. That I do not much expect in England;—it is almost impossible. I may see practice, you will say; I will, but I expect fully, very often to be much in doubt as to the nature of the case in which the practice is exercised."

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#### COMMENDABLE LIBERILITY.

THE Legislature of the State of Maine, with a liberality worthy of imitation, at their late session passed a resolve granting aid towards the relief and instruction of that unfortunate class within the limits of Maine, who are afflicted with blindness. In appointing Dr. Reynolds, of this city, to investigate such cases as may apply for legislative assistance, they have made a most judicious selection. The reputation which this gentleman justly possesses for knowledge and skill in treating diseases of the eye, we are happy to perceive is daily extending itself wherever affections of that important organ present themselves. The 23d instant is the time appointed for this interesting examination, and we would suggest to all who are thus afflicted to avail themselves of the opportunity about to be presented.

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*The Stanstead Somnambulist.*—It may be interesting to our readers to learn that Mrs. Cass, whose remarkable case of clairvoyance constituted

the interesting papers in this Journal several months ago, first by Dr. Barnard and subsequently by Dr. Colby, is dead. We have received a note from Dr. C. dated at Stanstead, June 10, in which he has kindly given us some particulars of the post-mortem examination, which will be found in the next number of the Journal. We also acknowledge, in the meantime, the reception of a morbid preparation from the same source, to be disposed of as requested by the donor.

*Smallpox in Georgia.*—Dr. Gilbert, of Georgia, writes us, under date of June 4th, that the smallpox exists at Milledgeville, in that State. He further remarks, "We have an abundance of vaccine matter, but I am fearful it is not the genuine."

*Complete Luxation of the Knee.*—An instance of this exceedingly rare accident is recorded in a recent number of the *Bull. de Therapeutique*, by Dr. Gorde. The subject of the case was a woman of from fifty-five to sixty years of age, who, in returning home at night, with a heavy burden, and in a state of intoxication, stepped into a ditch as deep as up to the middle of her thighs. The body was thrown forward by the fall, whilst the feet stuck at the bottom of the ditch; the whole force of the impulse was sustained by the thighs. The left thigh was dislocated backwards and downwards, and lodged under the muscles of the calf of the leg. The limb was much deformed, and shortened three inches. The reduction was very easily effected, without the patient complaining. The articulation was covered with compresses wet with spirits of camphor and lead water; the limb kept at perfect rest, and in six weeks the patient was cured without any untoward symptom.—*Gaz. Med.*

*Treatment of Intermittent Fever by Hunger.*—Mr. M——, practising physician at Marsanissa, in Ekatorienslaw, concludes hunger to be the best remedy for intermittent fever. He recommends a strict fast of three days, and gives his patient during this time only common water to drink, without either meat or medicine. It is sometimes, though seldom, needful to premise to this course of treatment, an emetic or an aperient. All tasting of food, even in the smallest quantity, tends to hinder the effect. Mr. M—— has employed this method these twenty-five years in different parts of Russia, and always found it effectual, of what kind soever the intermittent might be.—*Dub. Journ.*—*North American Archives.*

A police soldier, aged 60, had been for a long time affected with obstinate cough and difficult respiration; which resisted all the means employed for relief. On examination, after death, it was found that the whole of the right lung was destroyed, and its place supplied by a sac, filled with a dark colored fluid:—the left lung was in a state of extensive suppuration. The pleura, on both sides, was much thickened, and firmly adherent. This case, with others of a similar kind, shows that it is possible for life to be sustained with a very small quantity of lung.—*Russ. Annalen.*—*Ibid.*

Whole number of deaths in Boston for the week ending June 13, 22. Males, 14—Females, 8.

Of fever, 1—inflammation on the lungs, 1—dropsy, 1—throat distemper, 1—lung fever, 1—palsy, 1—consumption, 4—infantile, 3—accidental, 1—hanged, 5—inflammation of the bowels, 1—quinsy, 1—hooping cough, 1. Stillborn, 3.

**TO CORRESPONDENTS.**—Dr. Delony's review of two lectures on the Botanic System, published in a Milledgeville, Geo. paper, and forwarded to our address with a request that it might be republished, is too voluminous for the pages of the Journal. We perfectly agree in sentiment with the talented author of the review, and regret that its extreme length forbids its transfer to our columns, which have heretofore been enriched by his communications.

**DIED**—At Jamestown, R. I. John Hopkins, M.D. aged 24.—At the White Springs, Va. J. Greely Stevenson, M.D. of this city, aged 36—a gentleman highly esteemed for his professional and moral worth.—Near Lexington, Ky. Dr. M. M. Black, aged 27.

### ADVERTISEMENTS.

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Boston, March 4, 1834.

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Boston, February 4, 1835.

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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[NO. 20.]

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## TREATMENT OF CONSTITUTIONAL IRRITATION FROM LOCAL INJURIES.

BY N. R. SMITH, M.D. PROFESSOR OF SURGERY IN THE UNIVERSITY OF MARYLAND.

It will be borne in mind, that the symptoms which characterize constitutional irritation from local injuries, are those which indicate a subdued and disturbed state of the vital forces, and that re-action is the first evidence of any recuperative effort on the part of nature, and the first step toward recovery. To rouse the subdued powers of life, then, and to bring them under the influence of more salutary stimuli, would appear to be the first general indication to be had in view. Assuming the patient's condition to be that which has already been described, arising from injury received by a fall from a height, or in a mode equivalent, his breathless, pulseless, and pallid condition demands repose in the horizontal posture, warmth, and the employment of gentle stimulants. If the surgeon be at hand at the moment of the injury, his first object should be to prevent all officious interference on the part of by-standers, whose well-meant endeavors are so usually misdirected. If he be not exposed to a cold or damp air, nor lying upon a wet or rugged surface, let him, for a few minutes, rest where he is, in the supine posture, which is easiest for respiration; and with his head low, to favor the restoration of the cerebral circulation, the suspension of which prolongs the state of syncope. If his immediate removal be necessary, he should be placed on a hand-barrow, or a plank covered with a folded blanket, still in the horizontal posture, and conveyed in a manner to embarrass his respiratory efforts as little as possible, to the nearest dwelling. He should be placed in an apartment where the circulation of air is free—warmth, by heated bricks or bottles of water, is to be immediately applied to his feet—and, by warm cloths, to his stomach and region of the heart. Gentle frictions with warm dry cloths are to be exercised, and if re-action is still reluctant, let the lips and nostrils be touched with ammonia—with Cologne water, or with warm spirits. A dash of cold water upon the face will produce a deep inspiration, and thus give an impulse to the circulation.

To exhibit any remedy by the mouth, while extreme prostration still exists, will only produce ineffectual efforts to swallow, and still more embarrassed respiration; but when respiration and partial consciousness are established, nothing is so grateful to the patient—nothing so refreshing, as a draught of cold water. For this, indeed, as soon as the patient is conscious of his wants, there is the most eager desire, which instinct should always be gratified. But if we have reason to believe that no

serious lesion has been inflicted upon important organs, especially the brain, and if re-action is still tardy, it is proper that warm wine and water, toddy, or a few drops of aqua aminoniæ, should be administered.

One of the most common and pernicious of popular errors (in this community at least), in regard to the treatment of cases such as I have described, is the conviction of the necessity of bloodletting. So impressed are the by-standers with this belief, that the attempt to obtain blood is often made by some intermeddler, before the case is seen by the surgeon; and if not, the latter is always importuned to use the lancet. The impropriety of resorting to it under such circumstances, is now, I believe, among surgeons, universally acknowledged. Fortunately, when the attempt is made, it ordinarily fails, in consequence of the languor of the circulation; but, could blood be copiously taken, it would only have the effect, either to defer, or perhaps altogether discourage the recuperative efforts of nature.

When, however, re-action has become established, and especially when it has been excessive, blood should always be taken in cases in which the shock has been considerable, or where organic injury has been inflicted upon any important part. Even although re-action may have been at length established, and some degree of inflammation and fever induced, the agitation of the nervous system and the morbid exercise of sympathy by no means necessarily cease. Vicissitudes of action and unequal excitement are liable still to occur. Perfect tranquillity should be enjoined, and usually it will be proper to compose the system by means of an anodyne. But the more promptly we may have cut short the period of primary irritation, the less serious will be the consecutive vascular and nervous derangement. These pathological states, indeed, bear to each other a relation analogous to that which exists between the cold and hot stages of an intermittent.

To avoid reiteration, we must necessarily defer the consideration of that variety of constitutional irritation resulting from burns, until we shall treat particularly of these injuries. I would remark, however, that those therapeutic principles which apply to other forms of irritation, are applicable here also, and we shall find the treatment of burns to be illustrated by that which we are now inculcating.

When constitutional irritation results from the action of a blister, spontaneous re-action would ordinarily soon result; but the affection is distressing, and to the patient alarming—sometimes, also, seriously protracted. It therefore demands our attention. The effectual remedy is a liberal anodyne in the form of tinct. opii, aided by external warmth and hot drinks, which dispel the more quickly the chill that usually accompanies the paroxysm.

I would here remark, that in all those cases in which the cause of irritation is for a time continued, and this pathological state in a degree protracted, narcotic anodynes are the legitimate antagonists of irritation, which they meet and neutralize in the nervous system. They constitute by far the most important class of our remedies; for, although they generally more or less excite the vascular system, they certainly obtund the sensibilities of those tissues on which irritants primarily act, and especially those of the nerves. They also, by their general influence on

the nervous system, arrest the morbid exercise of sympathy, and the communication of disease from one organ to another, or to the system.

In regard to constitutional irritation from surgical operations, we have an advantage not enjoyed in the treatment of other forms, since we may often anticipate its occurrence, and, in a degree, fortify the system against it. We also have it often in our power to select that period in the progress of the local affection propitious to the success of our operations; but this topic we shall discuss more fully under the head of amputations.

When we are about to execute a surgical operation of even trivial magnitude, upon a sensitive subject, it is prudent to administer thirty or forty drops of the tinct. opii, a few minutes before its execution. If the operation be one of formidable character, twice that quantity may be employed, care being taken to ascertain whether there exist any idiosyncrasy forbidding its use.

We are often importuned by those about to suffer severe operations, to render them insensible to pain by powerful narcotics. Immediate suffering might thus, it is true, be partially obviated, but we are well aware that the secondary effects of opium are productive of cerebral engorgement, and general irritability, circumstances extremely unfavorable to the happy results of most surgical operations.

The horizontal posture is that in which a patient best endures the infliction of pain, and, when possible, this should be employed. I have recently couched the eye of a gentleman, who had been previously thrice operated upon by an intelligent surgeon, who placed him in the usual sitting posture. After each operation, he had been immediately seized with tremors, sense of faintness, and vomiting, which greatly distressed the wounded organ, and probably assisted to defeat the complete success of the operation. Warned by these occurrences, I followed the advice of Dupuytren, and in operating on this gentleman, placed him in the recumbent posture on his bed, so that no locomotion was necessary after the operation. In the first instance, he completely escaped all unpleasant symptoms, and in the second, they were slight, and did not occur for some hours, and not till he had become a little exhausted by incautious exertion.

In operations necessarily protracted and painful, the prudent surgeon will, when practicable, give his patient the occasional respite of a moment from his suffering, in order to give the vital powers an opportunity to rally. An intelligent physician, on whom I recently performed lithotomy (in whose case there was peculiar difficulty, because the calculus was encysted), assured me that but for these moments of comparative rest, he must have lost all power of endurance, and perished on the table. At these moments the patient should also be allowed cool water, or wine and water. He should be cheered by the sustaining voice of hope, and assured of speedy relief. The operation should be performed with as much celerity as is consistent with precision. From time to time the pulse should be examined, and should it at any moment give evidence of extreme prostration, the operator must desist, if possible, till re-action is in some degree induced.

Should extreme pain persist, after a surgical operation, a liberal opiate (tinct. opii f. 3i. to an adult) should be immediately administered, lest

the continuance of local irritation should further disturb the constitution. To preclude the occurrence of chills, such as often follow from severe, and in some, from slight operations, an anodyne may be given, the extremities be kept warm, and warm drinks be exhibited.

Constitutional irritation, induced by great loss of blood, furnishes a case of most perplexing character for the management of the surgeon. There is exhaustion, and yet there is at times over-action ;—we wish to increase the power to sustain, and yet we would sedulously avoid to increase action. At one moment the arteries bound with an apparent force, which will sometimes tempt the young surgeon to resort to the lancet ;—at another moment, their faint pulsations seem to demand the use of the most diffusible stimulants. These are both deceptive indications. In such a case, two objects are to be held in view ; the first—to restore and sustain power ; and the second—to obviate irritation, which is exhausting it by compelling it to excessive action. In all such cases there is some focus of irritation, or debility alone would be the consequence of loss of blood. The philosophical plan of treatment would therefore appear to consist in the judicious employment of anodynes, revulsives, corroborants, and in the use of nutrient, but unirritating aliments, and the careful avoidance of all moral and physical excitants. It is also highly important that the tendency to unequal excitement should be obviated by the suitable employment of local sedatives and stimulants, particularly cold and warmth.

Opium employed under these circumstances, exhibits far less of its stimulating influence than ordinarily. The occasionally increased action of the pulse is owing, not to permanent excitement in the heart and arteries, but to irritation, of which opium is the legitimate antagonist, and no sooner is a full anodyne exhibited, than the tumult of vascular action is assuaged. The salts of morphia will generally be found more salutary than opium. An idiosyncrasy might forbid the use of either, and then digitalis, or the extract of hyosciamus, may be employed.

The tonics resorted to, should be those which are but little stimulating, and which act especially on the stomach. Bitter vegetable infusions will, therefore, be selected, such as those of Columbo, quassia, &c. also the sulphate of quinine, in small doses. Preparations of iron are, perhaps, second to none in value. Porter, in small quantities, will often be found most salutary, by virtue of its anodyne, its tonic, and its nutrient qualities.

The secretions being defective, and often morbid in these cases, and the bowels usually slow, the pil. hydr. with rhubarb or aloes, will be found a salutary aperient. Harsh cathartics must be carefully avoided, for if gastro-enteric irritation do not already exist, it is easily induced.

Nothing can be more important in the management of these cases, than the observance of the most perfect tranquillity. Even the eye and ear should be placed at rest, by the absence of light and sound. So excitable is the nervous system, and especially the optic and auditory portions, that ordinary noises and light will alone keep up a perpetual excitement. I have recently treated a case of constitutional irritation from exhaustion, in which such was the exquisite tenderness of the eye, though there existed no evidence of inflammation, that not only was it necessary



to completely darken the room, but also to use a close screen over the eyes.

Whatever plan of treatment is pursued, however, it must be chronic, like the disease, and recovery must necessarily be slow and tedious.

The reader will observe that I have merely taken that view of this part of our subject which is most interesting to the surgeon. For more particular information, I must refer him to the writings of Marshall Hall and Mr. Travers. I would here remark, that when the febrile symptoms strongly qualify irritation from loss of blood, the case becomes one of irritative fever, and will be briefly discussed in its proper place.

*North Amer. Arch. of Med. and Surg. Science.*

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## THE DRESSING AND HEALING OF WOUNDS.

A LECTURE DELIVERED AT THE NORTH LONDON HOSPITAL, BY ROBERT LISTON, ESQ.

GENTLEMEN,—You would observe, that after the completion of the operation in our patient Taylor, the flap was cleared from coagula, and the incisions were put together, and retained temporarily by a very few points of the interrupted suture. Lint dipped in cold water was then applied, and ordered to be renewed frequently for the first six or eight hours, until, in fact, all oozing had ceased, and the surface had become glazed. You are aware that this period is by much the most favorable for union. The parts are then exposed, and dried thoroughly, and any coagulum that may have formed betwixt the edges, is carefully and gently removed. Your object is then, after the removal of all impediment to union (and clot impedes), to retain the parts accurately, and with the least possible irritation of any kind. This indication is fully answered by the application which you have occasionally seen employed here. It consists of a very strong solution of isinglass in spirit. This is liquified by immersion of the vessel containing it in hot water, and it is readily spread on strips of oiled silk. These are applied in the interstices of the stitches. They speedily adhere, and so firmly, that the points of suture may with the utmost safety be removed within the first twelve hours after the operation. This dressing is not disturbed by serous or purulent discharge, and it is very seldom necessary to reapply it. The plaster adheres much more firmly than any other, and is not productive of the least irritation of the surface. If the strips should be ruffled or detached by any means, their ends are cut off, and fresh bits put on instead, without incurring the risk, by a removal of the whole plaster, of interrupting the adhesion.

The part interested is placed at rest, so that the muscles affecting it are relaxed. The bed-clothes are raised by a cradle or other contrivance, in order that there shall be a free circulation of air around. No other dressing is employed or required; neither ointments, pledgets, compresses, nor bandages. No one will, surely, now-a-days, pretend to say that there is any healing virtue in a composition of oil, lard, or wax, whatever absorbent earth or metallic oxide or salt may be stirred up and

incorporated with it. Those villainous compounds are applied with a view, it may be said, of facilitating the removal of dressings, and these dressings are applied for the purpose of approximating the edges and surfaces of wounds, and of absorbing discharges.

If the parts be kept cool, and no applications are made which can prevent the evaporation from the surface, the discharge will be but trifling and inconsiderable ; and as there are no dressings applied, there is no use in providing for their easy removal. If the divided surfaces do not come together readily without straining, pulling, and compressing, there is no chance of union resulting. The application of a bandage at all tightly, is productive of much uneasiness ; it interferes with the circulation ; it is thus hurtful. A slack bandage may not quite so much interfere with the curative processes, but it is useless ; and as no dressings are put on which need to be thus retained, we had better dispense entirely with its employment. I am as much awake to the benefit to be attained by bandaging, as any one can be ; but there must be a clear indication for its use,—some swelling to be got rid of, a certain position to be maintained, or a particular dressing to be kept in its place. When we cut sound structure, and have it in our power, as is then usually the case, to fashion our incisions as we choose, then we should be very much to blame indeed if we did not make them to correspond exactly, and to come together smoothly, without the aid of compression or deligation. There should be no occasion for rolling the limb from above downwards, “expending two or three five-yard rollers” in pushing and retaining the soft parts over the divided end of the bone, and thus preventing the retraction of the muscles. I have already said that, in the first instance, for any other purpose a bandage is not wanted, and must, if applied, rather prove inconvenient than otherwise ; interfering with the circulation, heating the parts, and retaining the discharges, keeping everything in a filthy state, and making the patient uncomfortable, a nuisance to himself and all those about him. I can recollect well the horrid stench that used to issue from a wound at the first dressing four or five days after operation,—the quantities of discharge, the state of the dressings,—soaked and dyed of all hues, black, brown, green, and yellow. You will find in some recent works ample directions for the methodical and “scientific” dressings of stumps. “The straps being adjusted,” you are told that it is proper to “apply a thick layer of spermaceti ointment, spread on lint, so as not only to cover the face of the stump, but that it may reach a good way up the limb ; over this lay a cushion of lint, securing all with a cross and a thin bandage.” A flannel nightcap used to be added, to make things look more comfortable. What was to be expected of all this coddling up of a wounded part ? What almost uniformly followed—viz. a profuse and rapid secretion of purulent matter, with no inconsiderable swelling. It was a source of wonder and mighty congratulation, when these did not result to their full extent, and when union was discovered to have at all ensued. But all this was of trifling moment in comparison with the state of irritation and feverish excitement in which a patient was kept for weeks by the sponging and soaking of the whole mass of dressing, the tearing away of bandages and plaisters, and their reapplication day after day. The first and after dressing were too truly

looked forward to, and dreaded by the patient, as much as, if not more than, the operation itself. Several bandages were again "expended" upon the limb, to within two inches of the end of the stump: and "when this is done, lay the stump down, and remove the straps *one at a time*, sponging away any matter, and cleaning the surface; reapplying a fresh one before a second be taken off, thus going on till all be finished, leaving every here and there a little opening in the line of the incision for the matter to steal away." Then came the spermaceti pledgets and the cushions of lint, the cross, and the roller, again. These quotations are from a recent work, and by a practical surgeon. In spite of all this care the bone used to peep out now and then, necrosis followed, and the patient, if he had vigor of constitution enough to bear up against the constant irritation and profuse discharge, got out of the surgeon's hands with a pointed, painful, and useless stump.

I cannot tell what the practice in hospitals is at this particular period, but the time was when surgeons were wont to follow, like a flock of wild geese, what they had seen practised by those who had gone before them. Now, gentlemen, I should have you to pursue no practice or recommendation, whatever the source, whether given in books or lectures, unless you have got, or can give, a most satisfactory reason for so doing. By pursuing the mode of dressing, the advantages of which I have endeavored to point out and exemplify, you will, in the first place, save the patient all the pain and suffering of which I have spoken, and I can assure you I have not overdrawn the picture. You will have the wound heal speedily, and with very little discharge. You can see, in fact, and without annoying the patient, what is going on, through the dressings. You can take means, by snipping the plaster a little, by the removing of one of the ligatures, for the escape of any little confined discharge; you remove the stitches very early, and have the means also of getting rid of the ligatures, as soon as they become detached. Any trifling discharge that does flow out is wiped away immediately from the taffeta covering the pillow on which the part is laid, and thus all feter is prevented. In many cases the part lies easy and comfortable with the original dressings till the wound is closed, and the cure is completed. If, as now and then happens, slight cedema of the part should supervene, or if matter lodges after a free exit is provided, uniform support is given by bandage, so as to get rid of the swelling, or gentle compression is made with the view of diminishing the suppurating cavity.

Now, it happens that many wounds received accidentally can, from the circumstances in which they are placed, heal only by formation of new matter. The wound may have been made with a sharp instrument, and there may be no loss of substance, but it has perhaps run across the fibres, or the edges may not have been brought into exact contact, and discharge has been established. Or, again, there may have been bruising, or evulsion of a part, or lodgment of foreign matter.

Many wounds made purposely by the surgeon, as for the removal of morbid malignant growths involving the skin, must be repaired by granulation. No purpose can be answered by pulling together in any way by suture, plaster, or bandage, wounds of this kind. Any such attempt is

necessarily followed by much pain, inflammation, fever, and perhaps sloughing of the exposed surface, or of the surrounding integument.

Discharge, by which the action will be arrested, kept under or moderated, ought by all and every means to be encouraged. This indication is best answered by heat and moisture. Poultices afford these requisites, but they are upon the whole unpleasant and nasty applications. Even the simplest and best, the bread and water, is apt to become rancid, and very soon undergoes such alterations that it is no longer the same soothing epithem as when first applied. We here use (I think you must all be converts to the practice from the experience you have had of its efficacy) water-dressing; lint dipped in water of a temperature agreeable to the feelings of the patient, and that again covered by an ample piece of oiled silk to prevent evaporation. This is renewed from time to time, at intervals longer or shorter, according to circumstances, the quantity and quality of the discharge, &c. The object is to keep the part constantly moist, and lint of two or three folds will remain so for several hours. This dressing is simple enough, gives great comfort, and is unattended with fetor. So soon as the discharge becomes healthy and plentiful, and the surface is covered by granulations, when these begin to get at all large and flabby, then some gently-stimulating or astringent lotion, containing salts of zinc, copper, or alum, may be added gradually, the effects being watched. If the discharge be too much repressed, if the surface begins to be coated with lymph, or if these signs have been neglected, and the surrounding skin also begins to show marks of inflammation, the warm water alone is to be resorted to for a time.

You may have heard of *water dressing*, and it is no new practice to apply this simple element to wounds; Pare discovered that it was by far a more pleasing and curative application to wounds than boiling oils. Many army surgeons have had recourse to it, and the plan has been strongly recommended by a celebrated Dublin professor, not a practical surgeon I believe, and very strenuously claimed for him as a grand discovery by some of his pupils. Many of these gentlemen seem to me to have looked upon the *water* as the medicinal agent. They have applied it pure and of its natural temperature, and even in that state it is more congenial to a wound or sore than the plaisters and ointments of the Pharmacopœias, old or new. We, and I doubt not you, will also, when opportunities arise, make the application, but as a substitute, an elegant—if you can use such a term—and effectual one for a poultice, having all its good effects and none of its bad ones, viz. the weight and stench and adhesiveness. The great recommendation of these methods of managing wounds, whether to favor adhesion or cicatrization, is the immense saving of pain and annoyance to the patient, and the abridgment of the curative process. You will observe that no slopping, washing, or sponging the surface of sores, is here allowed. It is not, in fact, wanted. The skin, if soiled, which it seldom is when the proper system of dressing is followed, may be washed with soap and water, but interference with the granulating surface should never be encouraged or permitted. You see meddlesome dressers rubbing away, at no allowance, the tender surface of a sore, till it bleeds profusely, and the patient shrieks from agony of suffering. These people never seem to think that the

discharge is poured out for a beneficial purpose, to protect the exposed and tender surface from the influence of the atmosphere and changes of temperature.

When it is necessary to clean the neighborhood of a sore, a little fine tow should alone be used for the purpose. In hospital practice, the mischievous effects arising from the use of sponges in the wards is incalculable. A patient is admitted, say with a sore in a foul and sloughy state, attended with intolerably fetid discharge, thin and bloody. This condition may be the result of irregular living, of accumulation of filth, of inattention to changing the dressings, and so on. It is not at all necessary that there should be any specific poison applied or generated. The sore is washed, and probably the same sponge is used (it is not at all essential that the same basin and water should) for other patients laboring under wounds and sores. They all degenerate forthwith; they are inoculated with a virulent animal poison, and if proper and active measures be not instantly adopted, sloughing of granulations, of cicatrix, of integuments, and of cellular tissue, with great constitutional disturbance, will result in one and all. Much of the hospital gangrene which invaded and devastated hospitals was so occasioned. No doubt, whatever care may be taken in the best ventilated and regulated hospitals, an unfavorable change will now and then come over the cases, attributable clearly to the state of the atmosphere. But with the attention to the cautions I have given you, such alterations will prove much less frequent and much less dreadful in their consequences. I have had ample experience in this matter, and in an hospital which used to be most notoriously unhealthy. Before I took charge of it, sponges were indiscriminately used for the washing of all and sundry sores and sloughings, for the post-mortem examinations, and for the operations upon the living body. I need not tell you that a most strict and thorough search was made for all such fomites, and that they were, when found, destroyed; that means were taken to prevent their replacement amongst the nurses; that the only sponges in the hospital were those kept exclusively for operations, and under the immediate charge of the house surgeons. Wards badly constructed, and the constant abode of erysipelas and sloughing sores, became henceforward sweet, and so healthy, that, under ordinary circumstances, union of wounds seldom failed: no bad test, I can assure you, of their state and condition. When I have the pleasure of meeting you here again, we shall consider the best, most effectual, and most speedy means of bringing ulcers, whatever be their nature or condition, into the state of simple purulent ulcer,—a sore disposed to cicatrize.—*Lancet*.

#### OBLITERATION OF THE CAVITY OF THE UTERUS.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—Mrs. Cass, our somnambulist, died in March last, after four or five weeks illness. Previous to giving you an account of her last sickness, with the morbid appearances on examination after death, I have thought proper to send you the uterus (which by the leave of the husband

I kept) for a more particular examination. It was first put into a strong solution of corrosive sublimate, and afterwards taken out, and has since been kept in alcohol, with the addition of a little sublimate. This has given it a greater degree of hardness. It may therefore be necessary to wash it a few times in warm water to restore it to its former state.

On opening the pelvis, the appearance of the uterus was natural, but drawn and fixed more to the right side by the shortening of the right ligament (lateral). On the posterior surface of the right ovary, was the appearance of cicatrization, much more apparent than you now find it. There were other marks of these parts having been at some former period the seat of violent and extensive inflammation—such as adhesions of the bladder, &c. But what I wish to call your attention to, is the uterus itself. Not anticipating anything peculiar in the state of this organ from its external appearance, I made those incisions which you perceive in the anterior part. The cavity between the fundus and the mouth of the os tincæ was absolutely obliterated. The extent of the cavity in the fundus you will perceive by the three threads. The triangular space included still retains, I think, its natural membrane—this cavity contained from one to two fluid drachms of dark and partly coagulated fluid, quite similar to what was discharged from the right ovary. You will notice below the thread inserted in the os tincæ, the remains of the open mouth of the uterus. The os tincæ has entirely lost its original character, in shape and substance. The membrane covering the os tincæ, as well as that of the upper part of the vagina, you will perceive somewhat dark and porous, and at the time of examination showed strong indications of having been the seat of menstrual secretion. The examination was conducted in the presence of Dr. Barnard and a medical student, Mr. Hayes.

You will recollect that I alluded, in my communication, to some peculiarity of the menstrual secretions—that the discharges “were frequent and long-continued, but not profuse,” and that she was free from those symptomatic affections which so often attend uterine difficulties. Has the uterus participated at some former period in general inflammation of the pelvic viscera? If so, were its walls united by adhesive inflammation? Was this inflammation prior to the age of puberty? Has not the mucous membrane covering the os tincæ and lining the upper part of the vagina performed the menstrual function? Does not this account in some measure for the absence of the usual symptomatic affections?

The other prominent morbid appearances were principally confined to the stomach, spleen and liver—but more of this hereafter.

You will do me a favor in examining the uterus with some medical friend, and in giving me your opinion as soon as convenient.

*Stanstead, L. C. June 10th, 1835.*

*Note.*—The preparation alluded to in the above communication has been received. An examination will be made at a convenient time, in the presence of some of our distinguished anatomists, according to the request of the writer, to whom we again make acknowledgments for his favors.—Ed.

## CASE OF GANGRENOPSIS.

BY A. P. FULLER, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

MAY 10th, 1834, I was called to visit a son of Dea. G. Rigley, aged about 7 years. Was told he had been sick a day or two ; that he had taken physic, together with some domestic remedies, but that he retained nothing upon the stomach, not even cold water. Found considerable arterial excitement ; a frequent but not full pulse ; severe pain in the bowels, and tenderness on pressure upon the abdomen ; constant nausea and retching. After a fair trial, finding none of the common cathartics would be retained upon the stomach, applied a large blister to the epigastrium ; allowed him as small quantity only of liquids, as he could well subsist upon ; also directed an enema to be given. In a short time injection came away, and with it but very little fecal matter. R.—G. Opii et Hydrarg. Subm. ãã 1-4 gr. cum pane 1-2 gr. Take a pill once in three hours, until he has taken three, then follow with Ol. Ric.

11th.—Blister has filled well ; stomach more quiet ; pills retained, but oil ejected. Continue pills until he has taken three more ; then follow with Sulph. Magnes. et Pul. Sen. ; also repeat injections.

12th.—Occasional vomiting, accompanied with much thirst ; pulse 120, but small ; injections have brought away some scibalous stools. In the course of the day several copious evacuations of the bowels took place, and the patient experienced much relief ; bowels much tumefied.

13th.—Blister looks dry and very dark ; pulse small but rapid ; bowels much inflated ; inflammation of fauces and parotid glands ; general swelling externally of throat and face, exhibiting dark redness of the surface ; breath very fetid ; petechiæ upon different parts of the body, particularly about blister. Patient has all the appearance of approaching dissolution. R. Push antiseptics to as high a degree as is consistent.

14th.—Discharges of coagulated blood with the urine ; also repeated discharges of same from the bowels ; gangrenous ulceration of inside of the mouth and under lip commenced ; salivary glands pour out an exceedingly fetid and erosive fluid. Antiseptics appear to make no impression upon the disease ; friends thought him dying several times to-day. R. Free use of chloride of lime, also the acids.

16th.—Blister looks more healthy ; fever abated some, but gangrene extending over the lower lip.

20th.—Has continued much the same ; frequent discharges of blood ; gangrene continues to spread ; free use of nitrate of silver does not prevent its progress, nor does the use of it internally appear to abate the puerescent symptoms.

22d.—Appears brighter ; blister more healthy ; ulceration continues ; can take but little medicine ; takes quinine, wine and water, &c. Detached portions of what appears to be mucous membrane of the bladder and intestines, have been discharged for several days past.

25th.—Cough, with attempts to expectorate ; but the little fellow has not power to discharge the fluid as it collects in his throat. Pulse small

and feeble ; very great emaciation ; occasionally low muttering delirium, with subsultus tendinum.

28th.—Removed with the forceps several portions of gangrenous muscle and pieces of tendons from inside the mouth.

30th.—Very feeble ; was told there had been much hemorrhage from the mouth and throat ; probably from ulceration.

June 1st.—Continues to live, but is exceedingly feeble ; retains his reason, is patient almost beyond endurance, and has exhibited a far greater degree of fortitude than is usually found among his seniors. Gangrene having now become extensive, the morbid parts highly offensive, and a line of separation having been drawn nearly the whole circumference, at the request of the lad, seconded by his father, I removed pretty much the whole of the diseased mass with the forceps and scissors. The portion removed included the whole of the lower lip, extending nearly to the bottom of the jaw bone, including the sides of mouth and a portion of the upper lip, involving the orbiculares muscle in the loss. A plaister was covered over the mouth, but the patient cannot now articulate. Consequent upon the loss of so much substance, the mouth cannot be filled with air ; guttural sounds are only made, and those not understood. The child is now an object of commiseration and of frightful mien to those unaccustomed to disease. His only method of taking drink or nourishment is through a tube inserted through the cork of a bottle.

After lingering two or three days more, he died. Indeed, no one could wish him to live, seeing the loss of the mouth could never be repaired.

*Quere.*—It may be noticed that the patient took only one and a half grains of calomel in the whole, and none after my third visit. Could the subsequent disease of the throat and mouth have arisen (as some malicious persons have asserted) from the use of that article ? And if it did arise from that cause, was the prescription injudicious ; or is there any other article which might have been substituted and retained as well upon the stomach ?

*Albton, Me. June 9th, 1835.*

## BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 24, 1835.

### MEDICAL JOURNALS.

In looking over our exchange journals, which have multiplied very considerably within the last few years, we were struck with the amount of valuable matter which is thus freely circulated in the United States. By this gradual gathering of the experience and observations of professional men throughout the country, the medical literature of the United States will very soon become exceedingly valuable. It is a subject of regret, which the conductors of periodicals have always felt, that there are fewer contributors than there should be in this extensive country. Certainly there can be no want of materials, even if nothing but practical facts



were recorded, wholly unaccompanied by the garnishings of theoretical speculations, in which physicians, more than any other class of learned men, seem disposed to indulge.

There is no other method by which the profession can so much and so immediately benefit each other and the world at large, as by frequently communicating the results of their clinical remarks on the character of diseases and the effects of remedies. Every practitioner gathers something of importance to the science of medicine ; but unless he secures it while his recollections are vivid, though he may have been useful in the immediate circle of his patients, he cannot impart to another generation, which it is his duty to do, the valuable discoveries he may have made.

Evidence abounds, in the English and French periodicals, of the industry and unremitting labors of the profession in those countries. Every one seems to have found leisure for preparing something for the press ; and though it is not always useful, it shows that the spirit of emulation, if not of philanthropy, urges them to observe and preserve both facts and suggestions, even if remotely related to the leading objects of medical journals.

It might be considered grossly unkind to state that there was any want of industry here, where the field is new and sufficiently ample for the ambition of any order of intellect. Still, it cannot be denied that we have to make more frequent requisitions upon European publications than is creditable to a country presenting such unlimited resources. Though their cases and imaginings are copied and recopied from one city to another, continually, it is a rare thing, indeed, to discover the reprint of an American medical report in foreign journals.

Notwithstanding the amount of manuscript received by us and other medical journals, it is yet very certain that not more than one physician in twenty, upon an average, throughout the United States, ever furnishes even a single line for the annals of medical literature. A fearfulness that some fancied inelegance may prove destructive to their intentions, undoubtedly restrains many of the most talented members of the profession from making contributions. Others are impressed with an opinion that whatever they may have in store, is too common and well understood already, and therefore wholly useless. It is desirable that a new impulse be given, or, at least, a new one felt, that the medical library-learning of the United States shall not fall below that high standard which it may easily be made to assume.

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#### LUNG FEVER.

**A** HIGHLY respectable correspondent makes the following inquiry, and if any of our professional brethren of the city will answer the question, they will confer a favor. It is well known by every physician in Boston that the weekly bills of mortality are so unscientifically arranged, owing to no fault, however, of the superintendent of burials, that a committee was chosen at a comparatively recent meeting of the Medical Association, expressly with a view to correct this long neglected subject.

“ I wish to inquire of the editor of the Journal what the profession in Boston understand by *lung fever*. I see nearly every week cases reported in connection, of death by lung fever and inflammation of the lungs, which appears to me a manifest contradiction in terms. I am not tenacious in regard to Nosology, and should be satisfied with Cullen's, Good's, Ho-

sack's, or any other approved system—or a collection from all the systems extant ;—but it appears to me a medical journalist ought to adhere to strictly medical language ; and if the cases are improperly put down in the bills of mortality, the editor, if he comprehends what diseases are meant, should translate them for the benefit of his readers, into a common language understood by all. I am inclined to think the term lung fever, like that of salt rheum, is used in a very loose way, and comprehends diseases of quite a variety of pathological character.”

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#### PREMIUM FOR BREEDING LEECHES.

THE attention of physicians is solicited to the following liberal offer of a committee recently appointed by the Mass. Medical Society.

The subscribers, a committee for that purpose, by authority from the Massachusetts Med. Society, hereby offer a premium of FIVE HUNDRED DOLLARS to any person who shall actually within this Commonwealth, within SEVEN YEARS, breed and produce to the Committee, the best sample of not less than one thousand well grown LEECHES from a foreign stock, and equal for medicinal uses to the best imported leeches, on the following conditions :—

1. He shall make known in writing the process of breeding, feeding, maturing, and keeping the same, to the satisfaction of a committee of the Counsellors appointed for the purpose, that it may be published for the general good.

2. He shall make known in writing to the above Committee all facts, which may come to his knowledge, relating to the natural history and habits of leeches so produced, bred and matured from their birth to their arriving at full growth.

BENJAMIN SHURTLEFF.

WALTER CHANNING.

WILLIAM J. WALKER.

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*The Sphygmometer.*—A work with this title is advertised in London, being a memoir to the French Institute on the advantages of an instrument which renders the action of the arteries apparent to the eye. By Dr. Julius Heriston, with an improvement of the instrument and prefatory remarks by the translator, Dr. F. S. Blundell.

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*Congenital Fistula Ani.*—It is too frequently supposed, that with the exception of some malformations, and the effects of hereditary disease, the foetus in utero is not subject to the various affections which present themselves in the adult. But experience daily disproves this supposition, which has been ably examined by the late M. Desormeaux, but we do not remember that he has enumerated fistula ani, an example of which Dr. Dorfmueller has lately seen in an infant, to which he was called immediately after its birth, for a swelling near the anus. On examination he found it to consist in a blind external fistula, extending nearly two inches along the gut ; the operation was performed when the child was four weeks old, and followed with complete success.—*Lancet.*

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*Influence of the Cerebellum on the Genitals.*—In the last number of the *Gazette Médicale* of Paris, No. 17, M. St. Martin writes from Turin, that

Dr. Ferroresi obtained the cure of a young girl, who was afflicted with a most violent nymphomania, and two young men who suffered from an incorrigible habit of masturbation, "by the simple application of ice to the back of the head, behind the occipital protuberance."—*Ibid.*

*Academy of Science, Paris.*—The place of corresponding member, which was vacant in the section of medicine and surgery, was filled up on the 20th of April. The section presented a list of candidates in the following order: M. Prunelle, of Lyons; M. Bretonneau, of Tours; Dr. Abercrombie, of Edinburgh; M. Fleury, of Toulon; and M. Bellengeri, of Turin. Prunelle obtained 35 votes, Bretonneau 11, and Abercrombie 2. The first of these gentlemen was, accordingly, declared elected.—*Ib.*

*Conjectures relative to the cause of the night paroxysm in Inflammatory Diseases.*—By PROFESSOR MARTINI. It is observed that, during sleep, some of the functions of organic life acquire increased energy, and that during this period, those of animal life are enfeebled in the same proportion. As, therefore, the greater number of diseases are seated in the apparatus of organic life, it follows that this class of functions must be disturbed at night. If, on the contrary, the disease be seated in the functions of animal life, there will be no night paroxysm, but rather a tendency to remission during this period.—*Journ. des Connais.*—*N. Amer. Arch.*

*Prophylactic against Venereal Infection.*—Dr. Erdmann remarks, that if the glans penis and prepuce be carefully washed with a strong solution of acetate of lead, after having connection with an infected female, the disease will not be communicated. A great many individuals who had adopted this precaution, entirely escaped the disease afterwards. It destroys the liability to absorption of the venereal virus, by giving rise to a hardening of the membrane.—*Græfe and Walther Journ.*—*Ibid.*

*Ball in the Lungs.*—This ball had penetrated the chest above the mamma, after having broken the head of the humerus. The limb was amputated at the shoulder joint, and the patient recovered speedily from the operation, but was liable to fits of dyspnoea and frequent hæmoptysis for twenty-five years after, at the end of which period he died. The ball was found behind the third intercostal space in the midst of the pulmonary tissue, which adhered in this place to the third and fourth ribs. The cavity in which the foreign body was lodged, was anfractured, and communicated with dilated bronchial tubes.—*Dub. Journ.*—*Ibid.*

*Defiance to Disease.*—My time has been almost divided between my saddle and my bed. I never knew what it was to be fatigued when I lived temperately and went early to rest. Such a life bade defiance to disease. A celebrated physician of the last century used to prescribe it to his patients. "Live," said he, "in a saddle." That riding is the most wholesome of all exercises, I have little doubt. Despite all the vile stuff that finds its road down his throat, who ever heard of a bilious post-boy?—*Nimrod's "Hunting Tour."*

**TO CORRESPONDENTS.**—The Cases of Malformation and of Puerperal Convulsions will be inserted next week.

**DIED**—In Marshfield, on the 16th inst. Dr. Charles Macomber, aged 55.

Whole number of deaths in Boston for the week ending June 20, 21. Males, 12—Females, 9.  
Of fever, 1—throat distemper, 1—dropsy, 1—hooping cough, 1—bilious fever, 1—infantile, 1—lung fever, 2—consumption, 2—suicide, 1—child-bed, 2—debility, 1—dropsy on the brain, 1—disease of gland, 1—drowned, 1—fits, 1. Stillborn, 1.

## ADVERTISEMENTS.

### MEDICAL SCHOOL IN BOSTON.

THE MEDICAL FACULTY of Harvard University announce to the public, that the Lectures will begin on the first Wednesday in Novem., and continue thirteen weeks, after which time the regular course will be considered as terminated. But for the following four weeks, the Hospital and the Dissecting room will be kept open, and some Lectures will be given, without additional expense, to such students as may choose to remain.

The following Courses of Lectures will be delivered to the class of the ensuing season :

			<i>Fees</i>
<i>Anatomy, and the Operations of Surgery,</i>	by	JOHN C. WARREN, M.D.	\$15
<i>Chemistry,</i>	"	JOHN W. WEBSTER, M.D.	15
<i>Midwifery and Medical Jurisprudence,</i>	"	WALTER CHANNING, M.D.	10
<i>Materia Medica,</i>	"	JACOB BIGELOW, M.D.	10
<i>Principles of Surgery and Clinical Surgery,</i>	"	GEORGE HAYWARD, M.D.	10
<i>Theory and Practice of Physic, and Clinical Surgery,</i>	"	JAMES JACKSON, M.D. and JOHN WARE, M.D.	15

By an additional act of the Legislature of Massachusetts, the opportunities for the study of Practical Anatomy are now placed upon the most liberal footing. While the violation of sepulchres is prevented, it is anticipated that an ample supply of subjects for the wants of science, will be legally provided at a small expense.

The Massachusetts General Hospital is open without fee to Students attending the Lectures of the physicians and surgeons. This Institution contains about sixty beds, which are, most of the time, occupied by patients who are subjects partly of medical, and partly of surgical treatment. Clinical Lectures are given several times in each week, and surgical operations are frequent. The number of surgical operations during the last five years has averaged about seventy in each year.

To the Medical College is attached a Medical Library, a costly and extensive Chemical Apparatus, and Collections illustrative of Midwifery, Materia Medica, and Healthy and Morbid Anatomy.

Boston, June 12, 1835.

June 24—tN1.

WALTER CHANNING, *Doct.*

### MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of MEDICAL INSTRUCTION, and will receive pupils on the following terms :

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive Clinical Lectures on the cases which they witness there.

Instruction, by examination or lectures, will be given in the intervals of the Public Lectures of the University.

On Midwifery, and the Diseases of Women and Children, and on Chemistry By DR. CHANNING.

On Physiology, Pathology, Therapeutics, and Materia Medica By DR. WARE.

On the Principles and Practice of Surgery By DR. OTIS.

On Anatomy, Human and Comparative By DR. LEWIS.

For the greater accommodation of the Class, a room is provided in the house of one of the instructors, having in it a large library, and furnished with lights and fuel, without charge to the students.

The Fees will be, for one year, \$100. Six months, \$50. Three months, \$25.

The Fees are to be paid in advance. No credit will be given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to DR. WALTER CHANNING, Tremont Street, opposite the Tremont House, Boston. 6m.

Boston, April 1, 1835.

WALTER CHANNING,  
JOHN WARE,  
GEORGE W. OTIS, Jr.  
WINSLOW LEWIS, Jr.

### PHILOSOPHICAL AND ASTRONOMICAL APPARATUS.

N. B. CHAMBERLAIN, No. 9 School St. Boston, manufactures Philosophical, Astronomical, Pneumatic, Hydrostatic, and Electrical Apparatus, Mechanical Powers, &c. of beautiful workmanship, designed for Lecture Rooms and public instruction in Schools, Academies and Colleges. Portable models of the Steam Engine, put in motion by a spirit lamp, afforded at a very reasonable rate, can be obtained at any time, by addressing the advertiser by mail.

Boston, February 4, 1835.

epf.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by DR. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy, *gratis*.—Postage the same as for a newspaper.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XII.]

WEDNESDAY, JULY 1, 1835.

[NO. 21.]

## CASE OF CATALEPSY.

FROM A LECTURE DELIVERED AT THE JERVIS STREET HOSPITAL, DUBLIN, BY  
ANDREW ELLIS, ESQ. SURG. ETC.

I now beg your particular attention to the case which has brought us together on the present occasion, and has naturally excited so much interest amongst you for some time past. It will be read to you as it was noted down in the case-book during its progress since the admission of the patient into the hospital :—

“ Ann Finn, aged eighteen years, eight months married, of rather full habit, with delicate skin, blue eyes, and fair complexion, was admitted into the Jervis Street Hospital on the 29th of June, for neuralgia of the right side, with which she had been afflicted for the preceding six weeks. At the time of admission there was much tenderness on pressure along the course of the sciatic nerve, from the hip to the knee. The slightest motion caused shooting pain in this direction, and it was acutely felt in the lumbar region on every attempt at coughing or sneezing. The pain was so severe at night that it prevented her from sleeping. Her general health was indifferent, being feverish, and in bad spirits. She was then (June 29th) about three months advanced in pregnancy. Various topical and general remedies were administered for five or six weeks, viz. locally, leeches, blisters, moxas, and liniments, were applied without advantage. Acupuncture was also made trial of. She was rather insensible to these external stimuli; even the application of the moxa gave her but little uneasiness. The ointment of veratria, in the proportion of a scruple of veratria to an ounce of lard, was used, but, like the other applications, without the slightest beneficial effect. She took internally at different times, quinine, carbonate of iron, and anodynes of various descriptions; but all medicines administered internally disagreed with her after a few days. About the latter end of July, as she found herself not improving in hospital, she stated her intention of returning to her friends in the country, and on the 1st of August, much to the surprise of every person in the hospital, she arose, dressed herself, and walked away apparently quite well. During her stay in the hospital she never left her bed, and for a few days previous to her departure she appeared to suffer more than usual. The fact of her thus suddenly recovering the use of the limb after long confinement, made some ill-natured persons suspect she had been malingering; but this was as improbable as the suspicion was uncharitable and groundless. On the 23rd of October she was again admitted into the hospital, the pain in her thigh being nearly as bad as formerly. She stated that she had miscarried a few weeks after she left

Dublin in August, that she had been suffering nearly all the time *she* was in the country, from the affection of her side. She looked pale and dejected, but had not lost flesh.

Nov. 1.—A drunken man, a friend to one of the patients in the ward where she was, abused her for some imaginary offence, and threw her into a violent hysterical paroxysm ; she was seized with a kind of retching, became nearly insensible, and her countenance was quite suffused. The globus hystericus was visible, rising in her throat. This fit lasted nearly an hour, and she appeared to be much exhausted after it. She had an attack of this kind almost every day up to the 9th instant, when the character of the paroxysm became altered, and the neuralgic affection appeared to have completely left her.

9.—In the fits to-day she commences by smiling, pushing out her legs, and clenching her fists so firmly that it is quite impossible to open them. The jaws also become closely locked ; she twists her hands about, and then strikes the bed violently, or if any person endeavors to hold her she resists with all her force. She sometimes catches hold of her own hair, and if not prevented would tear it out in handfuls. She attempts to bite her own or any other person's hand which happens to be near her ; and should she not succeed in her efforts she bites the bed-clothes, and if her feet be left loose, she kicks furiously in every direction. These paroxysms last only a few minutes, but they occur very frequently during the day, and are brought on by the slightest disturbance. In the intervals of the paroxysms she is tolerably well and in good spirits. She has retention of urine, and requires the use of the catheter ; the urine is limpid, and secreted in considerable quantity.

13.—Fits continue without any alteration in character ; the retention of urine also continues, and she requires the use of the catheter two or three times daily. She is perfectly intelligent, but has completely lost her speech. She hears, or will write or make signs to show that she perfectly understands, any question put to her, but is utterly incapable of articulating a single word. It appears that she had a paroxysm of long duration last night, and that she has not spoken since.

21.—Aphony continues, and the most insignificant monosyllable has not escaped her lips since the last report. She is perfectly intelligent in the intervals of the paroxysms, which occur more frequently and with greater violence than heretofore. To-day she exhibits a new phenomenon ; after each paroxysm she becomes *cataleptic*. About a minute or two after one of the violent fits before described is over, and she appears to be quite recovered, she suddenly drops into a sound sleep, the countenance assumes the most perfect placidity, the eyes remain closed, and when the lid is raised the eyeball is seen turned upwards with the pupil dilated. She maintains whatever position she happens to be in at the time of seizure, with the exception that the fingers are suddenly bent backwards, extended. The arms, fingers, and head, retain any posture they are moved into, no matter how ludicrous or painful, apparently. The legs and feet become too rigid to admit of removal. The toes are always firmly and violently flexed. During this fit she is perfectly insensible to everything around her, and no stimulus appears to be capable of exciting consciousness. Having remained in this state for eight or ten

minutes, she recovers with a moan, and seems to suffer from pain in her left breast. These fits occur twenty or thirty times in twenty-four hours, and as frequently in the night as in the day. Retention of urine continues, but it is secreted in less quantity than before, and is full of mucus. She cannot now retain it as well as formerly, and requires the catheter four or five times in the twenty-four hours. The tongue and pulse are natural. She indicates by signs that she is affected with headache. Her appetite is bad, and she has scarcely slept at all since her re-admission into the hospital.

23.—The cataleptic fit comes on quite suddenly, continues longer than before, and *precedes* the furious paroxysms. The cataleptic attack is generally of about fifteen minutes duration, and the *subsequent* convulsion about three. When recovering she generally utters a few piercing moans, and places her hands on the left side of her thorax, as if she felt severe pain in the region of the heart. She suffers pain all over the abdomen, but it is manifestly the result of morbid sensibility in the nervous system, and quite different from the pain resulting from inflammatory action.

25.—The following is the order in which the stages of the paroxysm occur. She becomes suddenly cataleptic, perhaps while in the act of eating, drinking, or making signs in reply to questions which have been put to her. She continues insensible, in the position she happens to be in at the moment, for about fifteen or twenty minutes. She is then seized with a violent paroxysm, which lasts only a minute and a half, when the convulsion suddenly stops. She relapses into the cataleptic state, in which she continues about ten minutes, at the end of which time she instantaneously awakes, in possession of all her faculties except speech. The fits recur every five minutes, and the slightest degree of disturbance is capable of producing them at any moment. The pulse is not affected during the catalepsis.

26.—The catalepsis continues much longer than heretofore; she remained in one fit this morning without intermission for an hour and a half. An æolian was played close to her ear, but she seemed to be unconscious of what was doing: her head was then placed over a bucket, and some cold water was dashed upon her. She screamed violently, but did not become conscious. She was spoken to on the epigastrium, the palms of the hands, and the soles of the feet. When she recovered from the fit, on being questioned as to whether she had heard the music or any person speaking, or if she felt the water, she answered by *signs* in the negative.

Dec. 1.—At 5 o'clock this evening she was seized with an extraordinary difficulty of breathing, which resembled a violent panting, the abdomen and thorax heaving alternately in a most remarkable manner. The respirations as counted by the motions of the chest were 120 in a minute, but by placing the hand immediately over the patient's mouth, it was ascertained that the admissions and expulsions of air into and from the lungs were very little, if any more frequent than natural. This new symptom has not in any degree interfered with the cataleptic seizures, which occur as frequently as before. The pulse weak and quick, beating 108 strokes

in a minute ; altogether she looks more emaciated and exhausted than she has since her admission into the hospital.

9th.—She has remained nearly in the same state as when last reported. The dyspnoea has never remitted even for an instant up to last night, when she had an hour's comfortable sleep. To-day her respiration occasionally stops suddenly and continues suspended for a minute ; her face becomes livid ; the arms, which at other times are easily flexed or moved, become quite rigid, and cannot be moved without considerable force ; the abdomen is enormously distended during the suspension of respiration, from which she recovers with a crowing noise, when the countenance, arms, and abdomen, instantaneously return to their natural state.

13.—She appears improved to-day ; had two hours' sleep last night. The spasmodic action of the diaphragm ceased altogether during sleep, and is not near so violent at any time as formerly. The catalepsy now lasts but a few minutes, and on recovering from it she is seized with a violent convulsive paroxysm, similar to that described on the 9th of November, with this difference, that she does not relapse into the cataleptic state on the subsidence of the convulsions, but is suddenly restored to her faculties.

17.—There was a slight appearance of the catamenia yesterday morning, which ceased in the evening ; in other respects she remains pretty much in the same state ; loss of speech and retention of urine still continue.

18.—No menstrual discharge yesterday, but this day it returned, and is abundant. The interruptions to respiration are frequent, and attended with congestion of the face, rigidity of the limbs, and tumefaction of the abdomen, as before.

21.—She can articulate a few insignificant monosyllables, such as 'yes' and 'no ;' the inordinate action of the diaphragm has nearly ceased.

25.—All this day the catalepsy never at any one time continued more than one or two minutes ; the convulsion, which is very violent, lasts three or four. She is sick, and had retching three or four times.

26.—About ten o'clock last night, the nurse being absent, she got out of bed to get a drink, her stomach became sick, and she vomited, she says, a clot of blood, and *immediately* found she could articulate. She now speaks as well as ever ; says she was always perfectly sensible except when affected with a fit, but on these occasions has no knowledge or idea whatever of anything that occurred.

29.—The catalepsy lasts not more than one minute. The paroxysm which succeeds is more violent than it has been at any former period. She strikes at every person about her, as if by design. She sometimes speaks whilst in the convulsion, which ends leaving her in a sort of idiotic stupor, which continues for two or three minutes.

January 3, 1835.—On this day she recovers from the convulsive paroxysm without its being succeeded with the 'idiot stupor.'

12.—Has continued as last reported, up to this day, when there is a slight appearance of menstruation. She has likewise been attacked with the inordinate action of the diaphragm, from which she has not suffered during the last three weeks.



16.—This day she stated, that having been thinking over various matters which occurred to her during the last two months, she recollected having heard a voice one day on the pit of the stomach while she was in a fit, and consequently otherwise insensible. On the occurrence of the first cataleptic attack after this communication, she was spoken to on the epigastrium as on the 26th of November; and on the subsidence of the fit, she could repeat with accuracy every word addressed to her through this region. This experiment was often repeated, and always attended with similar results. She could hear the lowest whisper, or even the ticking of a watch. However, she was incapable of distinguishing between the voices of different persons who spoke to her. She stated that the voice appeared to her as if it issued from a barrel, and that she could form no idea whatever of the state she was in.

February 1st.—She has been gradually improving ever since the last report, and is now able to get up and walk about the ward. She is sometimes seized with the catalepsis when in the erect posture, and remains so during the fit. Retention of urine continues, but in every other respect she appears to be steadily recovering."

Such, gentlemen, is the history of Mrs. Finn's case; the details may appear to be unnecessarily tedious, but when you call to mind that the report introduces to your notice some *new* symptom or important change or modification of the disease, you must perceive the propriety of sacrificing a little time and attention to accuracy of description; for instance, the neuralgic affection, with which she was originally attacked, continued with little intermission for nearly six months, when it suddenly left her on the 1st of November, in consequence of the supervention of a paroxysm of hysteria. The cataleptic symptoms appeared for the first time on the 21st of the same month, and ever since that period the case has been of a mixed character, alternately presenting the symptoms both of hysteria and catalepsy. I will not now detain you with lengthened commentaries on the numerous, and I may add anomalous symptoms, which have been already described. However, there is one to which I feel it necessary to call your special attention: I allude to the loss of speech, which took place on the 13th of November, and did not return till the 25th of December. Although this symptom is by no means an uncommon occurrence in hysterical patients, I am not aware that there is any case on record in which *mutism* continued so long without interruption as in this instance. There is one mentioned by Andral, in which the patient, a female, 26 years old, suddenly recovered her speech at the end of ten days' dumbness. It is a curious fact, worthy of recollection, that in this instance, as in the case of our patient, the power of articulation returned immediately after a fit of vomiting. I regret to state this very strange phenomenon will not admit of a satisfactory explanation; it cannot be accounted for in the usual way by a reference either to a defect in the intellectual faculties, or paralysis of the tongue, as she was perfectly intelligent, and could move the tongue in every direction with the utmost facility, in the absence of the paroxysm; nor can we say with confidence, that the defect was in the larynx, inasmuch as she was capable of uttering "a crowing noise."

The causes, progress, duration, and the pathological phenomena,

attendant on nervous diseases, are so variable, and so imperfectly understood, that it is impossible to lay down any one plan of treatment which will apply to all cases. In our prescriptions we should be guided by the circumstances peculiar to each individual case. In accordance with this principle the remedies employed in the case of Mrs. Finn were numerous, and varied as circumstances seemed to indicate. For example, when the paroxysms were violent and the countenance was suffused, leeches were occasionally applied either to the temples, spine, labia, or inguinal regions. Embrocations to the temples, and blisters to the nape of the neck, spine, and epigastrium, were also employed from time to time. Internally she got purgatives, antispasmodics, tonics, and emmenagogues of every description.

In concluding this protracted but interesting discussion, permit me to state, although I am vain enough to think that the plan of treatment adopted in this case had a beneficial influence in *moderating* the symptoms, that I ought not confidently to attribute the present improvement either to the skill of the medical attendant or the *specific* efficiency of his prescriptions.—*Lancet*.

#### CÆSAREAN OPERATION PERFORMED THREE TIMES WITH SUCCESS ON THE SAME WOMAN.

In the German medical journal *Abhandlungen aus dem Gebiete der Geburtshülfe* (Ed. G. A. Michaelis), Keil, 1833, we find the following case, in which Drs. Zwanck, Wiedemann, and Michaelis, were the operators, and which we now analyze and present to the English reader. The subject of the report was a female, who had suffered so much from rickets and softening of the bones during childhood, that she did not commence to walk (and then moved only with difficulty) till the age of twelve years.

At the period of her second pregnancy her stature did not exceed four feet (Prussian measure), and the vertebral column was excessively curved at the lumbar region: the pelvis, when examined internally, appeared very much contracted from behind forwards; the antero-posterior diameter, from the lower edge of the symphysis to the promontory, was two and a quarter to two and a half inches, and that of the inlet was estimated at two inches. The cavity of the sacrum was not well marked, and the perineum was very small.

The course of the first pregnancy was regular, and labor came on at the end of forty weeks; as the head appeared to remain immovable above the inlet of the pelvis, the child was turned and the forceps applied, but without effect, and the assistance of another physician was required.

As the child appeared still to live, it was determined to perform the Cæsarean operation, and in order to prepare the patient twelve leeches were applied to the abdomen, and she was ordered an emulsion containing some nitre.

The operation was performed on the following morning, by Dr. Zwanck, June 18, by an incision which divided the linea alba. Dr.

Seidel supported the parts exposed by this incision, with a cloth steeped in oil ; one or two folds of intestine protruded near the lower extremity of the wound, but they were soon returned ; an incision was now made into the uterus, and the child and placenta were extracted at the same time. A sharp hemorrhage from the division of the uterus was arrested by dropping cold water on it, and the organ became firmly contracted.

The child, a boy weighing about seven pounds, showed traces of recent death. The wound was closed with sticking plaister, covered with charpie, and supported by a bandage. The treatment at first was strictly antiphlogistic, and half a grain of acetate of morphine was administered every day : by degrees a more strengthening regimen, bark, &c. was substituted. The discharge through the wound was moderate, and after three weeks it was completely closed ; on the 20th of July the patient might be considered as cured, and the menstrual discharge returned eight weeks after the operation.

Dr. Zwanck attributes the excellent sleep enjoyed by the patient to the use of the morphine, which thus contributed to prevent the development of various accidents.

[The rapid cure and the absence of every dangerous symptom in the present case, are remarkable circumstances ; and although the use of the morphine, and abstinence from the suture which is generally employed, may appear to account for the success of the operation, yet other reports prove that a perfect cure may be obtained, under favorable conditions, when the constitution is sound and the patient is submissive, without our having recourse to this last resource.]

The above-mentioned female became pregnant a second time, after a lapse of three years, and was brought to the lying-in hospital of Keil, in December 1829. Since the last operation it was manifest that the uterus was united to the parietes of the abdomen at the inferior portion of the cicatrix ; and on the coming on of the labor pains, the extent of the union could be sufficiently perceived by the wrinkled lines produced in certain points ; the diameter of this might amount to one and a half inches. Upon internal examination the *foetus* or its position could not be felt, but externally it was found that the buttocks lay upon the pubis. At the commencement of January (the last month of her pregnancy), the patient complained frequently of severe tension of the abdominal parietes. Enlarged veins were seen to cross the old cicatrix, the leech-bites partially opened, and one furnished a good deal of blood.

Labor commenced in the night in January 1830. On the morning of the 21st the os uteri began to dilate, and at four o'clock, P. M. its dilatation was about three fingers. The membranes now gave way, and a foot was distinguished. Under these circumstances the Cæsarean operation was performed by Dr. Wiedemann, who preferred making his first incision along the left side of the *linea alba*. The placenta immediately presented itself in the wound. This was removed, the left arm of the child was seized, and the infant itself was extracted as far as the head. A contraction of the uterus soon set in, and the head followed a gentle traction. The child, a female, seven pounds in weight, was born alive. On this occasion three points of suture were applied, according to Graefe's plan, a small pledget of lint was laid in the lower angle of the

wound, and the whole was dressed with sticking-plaister, lint, &c. The progress of the wound now also was favorable, and in the beginning of March it was all cicatrized except in a few small spots. The secretion of milk appeared during this time, and the child took the breast, but died on the 19th of February from a species of endurcissement of the skin. Up to the middle of March a few points of the wound remained unclosed, and on examination there was found a fistulous orifice from which on pressure a little mucus-like fluid exuded. After several attempts to find the direction of the canal, the sound penetrated more than an inch into the uterus, which lay close under the cicatrix, and was firmly united to the integuments of the abdomen. Injections thrown into the fistula passed out through the vagina, and a muco-purulent fluid, in some quantity, also now came away through this channel. The fistula uteri resisted all attempts made to heal it, up to the patient's departure in March, although sometimes it appeared for a few days to be closed with a thin pellicle of skin. The whole anterior surface of the uterus now appeared to be united to the abdominal parietes, and the organ was so much drawn up that the os uteri could scarcely be reached above the os pubis with the finger.

The third pregnancy took place in June 1831. At this time the fistula was healed, and the patient had commenced to menstruate soon after her departure from the institution. She returned in March 1832, and in the end of the same month labor set in, when M. Michaelis (for the third time) performed the Cæsarean operation. He made his incision on the left side of the second cicatrix, and extracted a male child weighing 6 3-4 pounds. The placenta was easily loosened and brought away likewise. A severe hemorrhage, which followed the removal of the placenta, was arrested by dropping water from a sponge moderately elevated above the wound. The latter was dressed in such a manner as to guard against future hemorrhage. The patient's state continued favorable, and on the 16th of May only a few small points of the cicatrix were open, and these soon healed. The patient left the institution on the 27th, and since that time has continued to enjoy most excellent health.

This highly interesting and remarkable case gives M. Michaelis an opportunity of delivering some judicious remarks on the Cæsarean operation, to a few of which we shall allude.

1st. On the operations which have been performed several times with success on the same female. He refers to ten cases as the only ones to which no doubt can be attached.

2d. Cases in which the second operation was followed by the death of the mother ; and also examples of pregnancy after the Cæsarean section.

3rd. M. Michaelis strongly condemns the practice of suture, as likely to bring on inflammation, and hence he applies them as seldom as possible.

4th. The author notices 110 cases in which this operation was performed ; of these 62 died and 48 recovered. If we seek the causes of death, we find—From the immediate impression of the operation 2 ; convulsions 2 ; debility 3 ; hemorrhage 7 ; meteorismus 3 ; effusion into the abdomen without inflammation or hemorrhage 3 ; excessive softening of the bones 1 ; diarrhoea 1 ; inflammation 13 ; gangrene 8.

In order to calm the first impression of the operation, the author recommends the plentiful use of opium, and mentions that one of the patients took as much as 20 grs. of the acetate of morphine in the first few days. Experience has also convinced him, that perhaps the most important point of all in the treatment is, the early and sufficient emptying of the intestinal canal, which is the best means of promoting the discharge of the lochia. The 110 operations already noticed gave birth to 67 living, 29 dead, and 4 asphyxiated children; but perhaps the most curious circumstance of all is, the difference of mortality for the cases of repeated operation. 15 patients who had been operated upon became pregnant a second or third time, so as to furnish 18 cases; as two died from accidental laceration of the uterus, it remains to consider only 16; of these, 11 were operated upon with success for the mother, and 5 unsuccessfully for the mother: 8 children were saved and 7 died. Thus, if we take the relation of the above 16 cases, we find that the cures are to the deaths, in cases where the operation is performed for a second or third time, as 11 to 5, while the general mortality, or rather the relation of cures to deaths, is as 4 to 3 nearly.—*Ibid.*

#### A CASE OF PUERPERAL CONVULSIONS PRODUCED BY FRIGHT.

ENTIRE AMNESIA OF EVERY EVENT FROM THE OCCURRENCE OF THE INCIDENT THAT CAUSED THE FRIGHT, TO RECOVERY.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—In looking over a former note-book, my attention was arrested by the following Case of Puerperal Convulsions which occurred in my practice at F——, in 1832. It was to me an interesting one, and some of the circumstances connected with it, are, I believe, rather unusual. If, in your opinion, the following brief history of it, as it was recorded in my diary at the time of its occurrence, is worthy of a place in your Journal, it is at your service.

As the patient and her family are highly respectable, and as a false delicacy may induce a desire to conceal the history of her sufferings, I shall from motives of prudence suppress all but the initial of her name and that of the place of her residence.

CASE.—On Septem. 13th, 1832, Mrs. N——, of F——, about 22 years of age, possessing ardent feelings, an excitable nervous system, and a constitution naturally delicate, was in her first pregnancy and near the proper time of her confinement, when one of her young brothers fell from a tree near her father's house, where she was then residing, and was taken up with a face much bruised, and in an apparently lifeless state. The parents of the boy were considerably alarmed by the accident, and brought him, *sans ceremonie*, immediately into the house. Considerable apprehension was entertained by the friends, that this casualty would have a very unfavorable effect upon the daughter. It did not, however, seem to affect her so much as was expected. I was called to the boy, and found him some mutilated, but revived, and after examining his wounds, I entertained but little doubt of his speedy recovery, which in

a short time took place. I mention this, to show that the first shock Mrs. N. received from the sight or tidings of her brother's mishap, was the probable cause of her after sufferings, though she appeared to sustain it with uncommon fortitude, and this was remarked by all who saw her. There was, however, if my memory rightly serves me, a composure of mind manifested on the occasion that almost amounted to an entire indifference. She, notwithstanding, rendered considerable assistance in the care of the young man, and nothing singular was noticed in her conversation or behavior during that day or the one succeeding it. On the 14th, in the evening, she was taken in labor. I was called and found the os uteri considerably dilated, and the head of the child presenting in the most favorable manner. Nothing unusual was observed by me or the attendants in anything she said or did. The pains continued about five hours regularly, but were not very strong. The head descended into the pelvis, and was almost on the point of being expelled, when the pains entirely ceased. I waited a suitable time for them to return; but finding there was but little prospect of it, and fearing from the position of the child I might lose it, I attempted to deliver, and with considerable, though with no undue effort, succeeded. On examination I found the head of another child presenting, which rapidly descended to the same place, but without her complaining of any pain, and there came to a stand. In a little time, in the same manner, I was under the necessity of delivering her of the other. They were both living and healthy female children, weighing about thirteen pounds. She conversed and seemed cheerful after her delivery, but during labor, there was, to every appearance, a total insensibility to any suffering, and there was noticed by her mother an unusual levity in her manner. This, however, was not observed by myself at the time, nor, I believe, by any other individual present.

I gave her a cordial, and left the room to congratulate her friends. But I was soon requested to return. On entering the chamber, I found her recovering from what was supposed to be an hysterical paroxysm. But a recurrence of a violent puerperal convulsion soon undeceived me. I immediately administered an opiate, with a saline enema, applied cold applications to the head, a warm bath to her feet and limbs, and abstracted about thirty-two ounces of blood from the arm. These exertions, however, gained but a brief respite. From their accession, she had already had three, which in about an hour were succeeded by another. I then gave her antispasmodics freely, and continued the external applications to the head, limbs, and feet. These consisted of coarse cloths wet every two or three minutes in the coldest water that could be obtained, for her head, and flannels similarly prepared in as hot water as could possibly be borne, for the extremities. After this, she laid about two or three hours in a quiet lethargic state. The attendants beginning now to relax, in some degree, their efforts in the employment of the external agents, their negligence was quickly followed by a return of paroxysms. On the recurrence of the fit, I immediately opened the same vein a second time, and let it bleed until the spasms had entirely left her. The paroxysm was long and violent, and during its continuance not far from thirty-two ounces more of blood were drawn. This was the fifth and last spasm. A slight re-action took place, that lasted, however, but a short time. She

afterward recovered in the most favorable manner, as though nothing had happened.

The immense quantity of blood that she lost appeared to debilitate her but very little ; and nothing unpleasant was produced by the cold applications, which with the warm ones were from the last fit continued a number of hours.

It is proper to remark, that she had never been subject to convulsions of any kind before, and that the treatment employed for her relief, appeared to be indicated by the symptoms. The large and repeated bleedings, with the external applications, however, were the only means, in my opinion, which were of any great service in relieving the patient. And if this opinion is at war with the supposition that these convulsions were produced by fright, I shall leave others to solve the difficulty, without attempting to do it myself.

There was evidently a fullness of the vessels of the brain, from too great a determination of blood to the head ; but whether this always is or is not the consequence of terror, I am unable from my own experience to decide. Be this as it may, I have presumed it to be the consequence in this individual case, and if others think differently when they shall have read the sequel, I hope I shall be favored with their reasons.

But the most prominent circumstances that led me to believe these convulsions were caused by fright, were these. After her last fit, she laid in a quiet sleep for a number of hours. When she awoke, she seemed to have awaked to a new existence ; forty-eight hours were entirely lost to her. She neither knew that she had had convulsions, nor that she had been confined. Neither did she remember any of the circumstances attending or preceding her confinement to the fall of her brother from the tree. Everything that was transacted within her knowledge antecedent to the accident of her brother, she recollected with perfect distinctness. But all she had done, and said, and saw, after that event, to the time of returning consciousness, she had not the most indistinct recollection of. Though the impressions she received after the brother's misfortune, to her recovery from convulsions, seemed to have been entirely obliterated from her mind, the power of recalling them was lost only for about five weeks, at the end of which time it was partially restored. She began to recollect some things which happened that were of considerable interest to her, but it seemed, as she expressed it, that a number of years had elapsed since they had transpired. These circumstances, therefore, make it appear evident to me, that the fright was the immediate cause of the convulsions.

Yours, respectfully,

L. W. SHERMAN.

*Wrentham, Mass. June 16th, 1835.*

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 BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, JULY 1, 1835.
 

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## POPULAR LECTURES ON TIGHT LACING.

ON no account would we throw obstacles in the way of those, who, from the purest feelings of benevolence, are philanthropically engaged in disseminating useful knowledge. The spirit of the age is manifestly in favor of making all men, in all conditions of life, acquainted with the mystery of all arts, and with the general principles of those sciences which have for their object the moral elevation as well as physical welfare of the great human family. But there are boundaries, beyond which it is both impolitic as well as reprehensible in a public teacher to carry a miscellaneous audience :—because he only bewilders the hearer with a relation of facts, so far removed from the ordinary course of his cogitations, that instead of benefiting him in the manner ostensibly proposed, he confuses and distracts him with the consideration of things wholly foreign, and totally out of the sphere of ordinary comprehension.

We have been led to these reflections in consequence of having read, in some of the papers of the day, of the thrilling interest excited by the popular lectures on *the evils of tight lacing*, by a medical gentleman, who seems to have moved over a considerable tract of country, exhibiting such skilful acquaintance with the carpentry of the female thorax, as to leave the impression on the minds of some, that he is without a rival in the mysterious anatomy of the chest.

If females could be influenced to abandon a custom so destructive to health, as well as inconsistent with the development which nature designed of that particular section of the body which contains the vital organs, there would be something praiseworthy in the effort to convince them of the evil that has been practised, from mother to daughter, through successive generations. But they will not regard the admonitions of physicians ; and to lecture to ladies, assembled expressly for this purpose, is labor thrown away. Because there is something novel in hearing a learned man discourse publicly on a subject peculiar to the toilet of a lady, curiosity prompts everybody to go ; but the essential evils to which the female is predisposed, having their actual origin in the voluntary distortion she induces by habitually lacing her body in stays, cannot be mentioned—no, nor even adverted to by a well-bred professional gentleman, without forfeiting all claims to modesty, and offending those for whom he pretends to be laboring.

The question arises—Does the popular lecturer here adverted to, really feel that it is his bounden duty to reconnoitre all New England, and arouse the better part of creation to a sense of their dreadful physical condition ? Could there be any selfishness in taking the humble pittance of *twenty-five cents* a head, a little while since, in the city of New York, in exchange for a story upon the same sing-song business ? Is it possible that there can be any inordinate degree of hankering for notoriety—or a desire to be classed with those who go about doing good, for goodness sake ?

Far be it from us to begrudge two York shillings to any one ; the



laborer is worthy of his hire ;—but we cannot look with indifference on such itinerant doings—such undignified efforts, alike degrading to the individual and to the profession at large, without feeling that it is more important that female anatomy should be taught minutely in the theatre, than that the sex at large require any more insight into the physical condition of themselves, than every intelligent woman already understands.

There can be no possible objection to furnishing females with physiological works in which they may study their own organization ; indeed it is due them to be provided with plain, practical treatises ;—but this newly broached plan of collecting them by hundreds into churches and town halls—misses, maids and matrons, old men and boys—is so revolting to any one not wholly lost to a sense of delicacy and common propriety, that for the honor of the medical character we hope there will never be a repetition of these popular lectures on the evils of tight lacing.

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#### IMPROVED EDITION OF GOOD'S STUDY OF MEDICINE.

REFERENCE was made in a late number of the *Journal* to an American edition of the above-named work, by Dr. A. Sidney Doane, of New York. The following particulars and remarks in regard to it are from the *U. S. Med. and Surg. Journal*.

“ We mentioned in our last, that the Messrs. Harpers, of New York, having lately received a copy of the last edition of this important work, have committed it to the press for immediate republication. The present edition appeared in London in December last ; it is a greatly enlarged copy, with additions from the last manuscript improvements of the learned author, and still farther increased in value by many additions of a practical character by the distinguished editor, Prof. Samuel Cooper, the writer of the popular surgical dictionary, and other works. The contemplated edition now about to appear from the accurate and excellent press of the Harpers, will include the whole work and emendations of Dr. Good, and all additions and improvements by Cooper ; and to these throughout will be still further added a large and copious body of practical notes by the American editor, Dr. A. Sidney Doane, of New York, who has for some time been advantageously known to professional readers and practitioners as a gentleman of eminent erudition and capacity. The notes and improvements of Dr. Doane will embrace the leading facts and principles of American practice ; and these researches of the editor will enable him to associate with the labors of Dr. Good a large amount of the opinions and observations which have resulted from the clinical experience of the most prominent American authors throughout the United States. It is believed that the fidelity with which this act of justice will be performed towards the character and capacities of native writers in different parts of our widely-extended country, will give to the projected undertaking a consideration far superior to that of any former edition of this elaborate and valuable work.

We feel justified in thus noticing the present edition of the *Study of Medicine*, inasmuch as we have carefully examined the 1st volume already printed ; and if Dr. Doane continues to exercise the same industry and judgment throughout the book, we feel satisfied that the profession will be subjected to lasting obligations to him for his services.

We are informed that some few weeks must necessarily elapse before the appearance of the present work, as it is extensive and will be executed

in a very beautiful manner ; it will be included in two large octavo volumes, and offered for sale at a very reasonable price."

*Medical Appointment.*—Dr. M. S. Perry, of this city, was on the 24th, elected, by the Directors of the House of Industry, Physician of that Institution, as successor to Dr. McKean, whose term of service has expired.

*Cuprum Ammontatum in St. Vitus's Dance.*—The favorable effect of this medicine on St. Vitus's dance, I had an opportunity to observe in the cases of some individuals, girls between ten and fifteen years old. I will here give the briefest possible account of the most interesting of those cases.

O. a healthy, though delicately built girl of ten years, got, without known cause, convulsion and spastic movements in the left arm, which in a few days extended themselves over the whole body, in so much, that the patient, uninterruptedly given up to an involuntary play of the muscles, was tossed about on her bed incessantly, in an agitated manner, that was horrible to behold. Delusions of sense did not take place ; consciousness was present ; yet the patient could not answer the questions asked her, for over the tongue also the control of the will had ceased. The pulse was frequent, hard, tight, the respiration hurried : all secretions and excretions pretty regular. In being lifted up, the patient exhibited a weightiness as of lead, only during sleep of many hours did rest come on.

As to some other patients, with whom chorea appeared as mere nervous derangement, I ordered to O. also cupr. amm. and though the enormous intensity and the extent of the evil sometimes went nigh to weaken my confidence in this remedy, yet from the short duration of the suffering, I had on the other hand every hope. The patient, therefore, took, &c.

R. Cupri sulph. amm. gr. tria.  
Solve in aquæ distill. uncia una.

Daily three times, twelve drops to be taken in half a cup of oat-gruel ; every three days each dose to be increased three drops.

The result exceeded my anticipation, for hardly had the child taken two glasses of the drops, when she was almost without any ailment, but some weakness in the left arm. The convalescent now took the medicine only twice a day, and washed the as yet unserviceable arm with spirituous lotions. After eighteen grains of the medicine had been consumed, O. might be looked on as cured, and now, after six years, is still quite well. For the rest, as is usual in administered metalline remedies, the drops were increased until they excited illness, and thenceforward continually diminished.—*Medicinishe Zeitung.*—*N. Amer. Arch.*

*New Operation for the Radical Cure of Hernia.*—M. Gerdy, Surgeon to the *Hôpital St. Louis*, Paris, communicated to the Academy of Medicine, on the 7th of April, the following method to obtain the above object. It consists in pushing, with the extremity of the finger, the skin, which is to be reversed, and doubled on itself, like the finger of a glove, while it is forced into the hernial orifice and canal. 2d. In fixing the bottom of this sacciform prolongation to the anterior parietes of the hernial canal by three or four points of suture. 3rd. Causing inflammation of the sac thus formed, by ammonia, so as to produce adhesion of its sides and obliteration. 4th. Finally, and to make the success of this operation more

certain, the exterior opening of the inverted sac may be closed by a few points of suture. This operation, which is but little painful, very innocent, and which may be performed without making a single incision, closes the hernial orifice and canal by a solid plug of skin. M. Gerdy has just performed it with success at *St. Louis*: in the case of the first patient operated on, on the 12th of March, the adhesions were complete on the 7th or 8th day, and the hernia is now radically cured. A second patient was operated upon on the 27th with equal success.—*Lancet*.

**Hospital Statistics.**—A report of the General Hospital at Breslau for the year 1833, in the *Berlin Med. Zeitung*, No. 5, 1835, gives the following statistics: At the end of the preceding year there remained in the hospital 228 patients. During 1833 there were received 2375. Of these, 1831 were affected as follows:—

*Medical Cases.*

Fevers . . . . .	608
Inflammations . . . . .	188
Skin diseases and pock . . . . .	385
Effusions . . . . .	250
Neuroses . . . . .	98
Mental Affections . . . . .	70

*Surgical Cases.*

Various injuries . . . . .	120
Abscesses . . . . .	174
Tumors . . . . .	112
Fractures and dislocations . . . . .	62
Herniæ . . . . .	4
Gangrene . . . . .	8
Syphilis . . . . .	293

Of the 2603 patients contained in the hospital during the year, 410 died. Hence the mortality may be considered as 1 for 6.348780 of those treated.—*Ibid*.

**Internal Administration of Emplast. Cantharidis.**—Mr. Batten, surgeon, of Tooley Street, says, "Having had an adult under treatment for chronic diarrhoea, which had reduced her to a condition of extreme inanition, and finding neither antiphlogistic, counter-irritant, nor tonic remedies avail in its subjugation, she was put under a course of emp. canth. in the form of pill, and which was selected from a mass of that substance of the most pure and active quality. She took eight grains daily, for the space of a fortnight, which had the effect of re-establishing her health in the most gratifying manner, and without causing her to suffer any inconvenience. A series of instances similar to the foregoing might be narrated."—*Ibid*.

**Hemicrania cured by Acetate of Morphine applied endermically.**—Dr. Magister, in a memoir in the *Gazette Médicale de Paris*, for October 4th last, endeavors to show that hemicrania is a neuralgia generally seated in the ramifications of the nerves distributed to the temporal and orbital regions, though it may sometimes be caused by nervous sympathy, the primary irritation being in an organ or nerve remote from these regions.

The best treatment for this disease, even when symptomatic, is, he says, the application of acetate of morphium to the derma denuded of cuticle by the ammoniacal ointment. Several cases illustrative of the efficacy of this treatment are given.—*Amer. Journ. of the Med. Sci.*

**TO CORRESPONDENTS.**—The interesting Communications of Drs. Comstock and M. L. North were received too late for this number.

**DIED**—At New York, Dr. William McCaffry, aged 47.

Whole number of deaths in Boston for the week ending June 30, 33. Males, 9—Females, 14.

Of tumor on the liver, 1—old age, 4—child-bed, 1—syphilis, 1—debility, 2—fits, 1—lung fever, 2—dropsy, 2—inflammation of the lungs, 1—consumption, 3—scarlet fever, 1—phthisis, 1—infantile, 1—dyspepsia, 1. Stillborn, 1.

### ADVERTISEMENTS.

**DR. BUXTON'S PATENT PAPILLARY SHIELD, OR PROTECTOR, FOR LADIES' SORE NIPPLES.**—This new and useful instrument guards the nipple from all external pressure, and allows the milk to be drawn away by the child with perfect ease and freedom. It consists of a circular stock of wood, ivory, or other suitable material; the lower part of which is about two inches in diameter, and forms an exterior rim of about one third of an inch around the superior part of the stock, which is also circular, and is about an inch and a half in diameter and about an inch deep. A circular chamber of about one inch in diameter is perforated through the lower centre of the stock. This chamber receives the nipple, when the lower surface of the stock, which is rendered slightly concave, is applied to the breast. By a metallic plate inserted in the top of the stock, is fixed a test covered with gum elastic, for the accommodation of the child's mouth. In the side of the instrument is a small aperture communicating with the chamber, closed on the outside by a spring key, the use of which is to supply the chamber with atmospheric air, when necessary; air being the only pressure required to expel the milk through the excretory ducts of the lacteal glands or vessels of the nipple.

In using the above instrument it is necessary that its chamber should be large, moderate, or small, according to the size of the nipple—therefore the purchaser should ask for a proper sized one—as a perfect operation depends upon this precaution.

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The privilege of attending at the almshouse and a private hospital, now in successful operation, together with the important cases, both in physic and surgery, which occur in a pretty extensive private practice. Terms—\$50 a year.

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May 13.

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Physicians in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—*inclosing one dollar*. Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless some other mode of conveyance is directed. Ten charged quills, an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely packed in a letter. The gentleman who has undertaken to keep the virus, will faithfully supply that which is positively genuine and recently taken. It will also be furnished on application at the Medical Journal office.

Boston, March 4, 1834.

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Boston, February 4, 1835.

optt.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. OLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy, *gratis*.—Postage the same as for a newspaper.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XII.]

WEDNESDAY, JULY 8, 1835.

[NO. 22.]

## MEDICAL CASES.

FROM THE MEMOIRS OF JAMES JACKSON, JR. M.D.

### *Organic Disease of the Stomach.*

DEC. 30, 1829.—Examination of J. R. J. R. was a man of an uncommonly strong and muscular frame. He lived to the age of 72 in the enjoyment, until very recently, of the most uninterrupted good health. He drank cold water, and in general was a man of very temperate habits in all points; but his friends thought that, of plain food and drink he took a very good share, and he might perhaps be called a large eater. He was accustomed to take much and regular exercise, and had thus preserved an excellent habit of body.

During the last summer, having had occasion to take a long journey, he suffered great exposure and fatigue, and there was induced a very troublesome and serious costiveness, which was overcome with some difficulty. Shortly afterward, in October, he experienced a difficulty in swallowing, which was soon followed by a vomiting of his food. For these symptoms he was treated with emetics, &c. in hopes of throwing off the disease; but in vain.

The costiveness and difficulty of swallowing, without nausea, or loss of appetite, continued. He had pain, though not extreme, about the epigastrium, a little to the right of the ensiform cartilage. The difficulty of swallowing was somewhat diminished, when he laid upon the left side. For the last fortnight he had continually vomited a bloody fluid, of a coffee-ground aspect. These brief notices of his case I gathered from his physician, who was kind enough to invite me to attend the post-mortem examination.

*Autopsy. External Appearances.*—Body by no means extremely emaciated, but had lost some flesh. Tumor in left axilla, which was examined; it was nearly as large as a common kidney, was mostly composed of fat, with some glandular matter, indurated, and of a reddish gray color.

*Thorax.*—The organs in this cavity were in a remarkably healthy state.

*Abdomen.*—On opening into this cavity, there was first perceived a tumor, of more than an inch in diameter, between the *omentum minus* and the stomach. This, upon being opened, was found to be partly fatty, partly an indurated scirrhus mass. Opening the stomach, there were observed many dark spots, of an eighth of an inch, or more, in diameter, scattered about its inucous membrane. These were probably owing, or perhaps we may say certainly owing, to the coagulation of the

blood effused from the mouths of the vessels in this membrane. Passing the finger from the cardiac orifice, for about four inches up the œsophagus, there was felt, first, a considerable stricture, and, secondly, a thickening and induration of the part. On a more close inspection of the parts, as they laid, there was found a very perceptible tumor upon the right and outer part of the œsophagus, but it was not connected with the tumor of which I have before spoken.

Here, then, was the main seat of the disease ; and on cutting into the œsophagus, that we might view the internal coat, we found one very considerable patch of this completely ulcerated ; and on rubbing the organ with the sponge, without violence, the mucous membrane was seen with a ragged edge, and became immediately detached, so as to be raised for the space of three quarters of an inch, towards the upper part, with perfect ease. The pyloric orifice was somewhat diseased, being a little thickened and indurated ; but very evidently the most essential part of the disease, as well as that which was most clearly indicated by the symptoms, was at and about the cardiac orifice.

The left lobe of the liver was uncommonly small ; its extremity not reaching to the left side of the spine. Indeed the whole organ was of a very small size, but was very healthy in its aspect. The gall-bladder was much distended with black bile.

The small intestines were of an unusually small calibre ; not sufficiently large, for the most part, to admit the entrance of the middle finger, as I should judge ; for I did not make the experiment. The accumulation of fat about the parts in the internal cavities was very observable, as it generally is in old subjects.

*Remarks.*—1st. It has occurred to me whether the absence of nausea and of anorexy was not in part owing to the seat of the disease ; or, in other words, had there been disease of a similar character and equal in amount within the very cavity of the stomach, would not these affections have been more likely to ensue ?

2d. The fact of his being better able to swallow when inclining to the left side, is explained by the seat of the tumor in the œsophagus, which was mostly upon the right.

3d. In what way shall we reconcile the sudden occurrence of symptoms, which began to appear in the autumn (the patient having previously enjoyed good health), with such a mass of disease, which must have been a long time forming ? My father thinks that the fatigue and exposure during the journey, and the costiveness induced thereby, acted as exciting causes to an aggravation of the local disease. Thus ulceration and the consequent symptoms and sufferings ensued. We may learn from this the importance of avoiding all such exciting causes, as much as possible, during any serious chronic local disease ; as by the practice of this preventive method we may retard the issue of the same, although its termination may be sooner or later necessarily fatal.

## ON THE ANIMAL ORIGIN OF FEVERS.

[Communicated for the Boston Medical and Surgical Journal.]

THAT all vegetables, even the driest wood, contain water, will not be denied. Dr. Good says that one-sixth of the driest and hardest wood is water. And that all water contains animals, may be proved by the *hydro-oxygen microscope*. There is no putrefaction without water, and therefore none in which animals are not involved. Consequently, so far as fevers are occasioned by putrefaction, their source can be traced to animal putrefaction.

Water is not a vegetable, but an elementary substance, containing abundance of animalculæ. A plate representing a single drop of water now lies before me, which is said to be "a very faithful representation of the appearance of a drop of water, as magnified by the astonishing powers of this microscope." Upon this engraving may be counted no less than 45 animal figures, respecting which, and the element containing them, and the powers of the microscope, the writer says, that "A single drop of water is magnified into an ocean, and teems with monsters of the most grotesque and frightful shapes and dimensions."\* And the writer has certainly not exaggerated his subject; for of all the hideous reptiles which earth, air or water presents to the eye, some of these are the most terrific. This, however, is not the place to expatiate upon this part of our subject.

The present writer, in a former communication, which the editor of the Journal did him the honor to publish, adverted to the subject of microscopic animals, generated, or evolved, by vegetable putrefaction; and especially to an experiment of a former president of Yale College, Dr. Dwight, who illuminated every subject he touched, and they were many. The Doctor subjected pepper to putrefaction, and by a microscope discerned myriads of animals, which dying, gave out an offensive stench, and were succeeded by others. If a substance so acrid as pepper affords animalculæ, there can be no doubt of their existence in all other vegetable products. The putrid coffee, therefore, to which the celebrated Rush imputed the origin of the yellow fever of 1793, doubtless was a putrefaction of myriads of animals in their vegetable nidus. Rain water, suffered long to stand, owes its offensive smell to the same cause.

Dr. Bancroft refers yellow fever to marsh miasmata, and every writer upon intermittents has imputed them to this same source.

But leaving microscopic animals for those more tangible and visible, where, we may inquire, is the marsh to be found which does not abound with animals, either aquatic or terrene, dead from disease or age, or with the excretions and exuvia of such? We may safely answer, nowhere. The *malaria* of Rome is the aerial exuvia of the *old* world, poisoning the *new*.

We are aware of the arguments of those who assert that animal putrefaction is *not* hurtful. These gentlemen, some of them standing in the very first ranks of the profession, medical and philosophical, tell us of the

\* Philadelphia Saturday Courier of June 6, 1835. The *Hydro-Oxygen Microscope* magnifies "2,400,640 times."

immunity of grave-diggers, butchers, tanners, curriers, removers of graveyards recent and remote, and of bodies which the graves contained, in all stages of putrefaction. In reply to those who thus refer everything to vegetable decomposition, we may say that the surface of the whole earth, every spring and summer, undergoes vegetable putrefaction. The grasses, the grains and the germs, which are killed by winter, suffer decomposition in spring and summer. How immense the mischief, upon what a vast scale the contamination of the air, compared with all that grave-diggers, butchers, dissectors, fishmongers, and the dwellers near offal-yards, are subjected to, from the putrefaction of matters strictly animal. But the whole train of facts adduced by our opponents only serves to show that animal putrescency is not so pernicious, alone, as when it is combined with vegetable. Animal putrescency, when uncombined, often produces ammonia, which is a wholesome effluvia. It is thus that the most offensive smells are not the most deleterious; for ammonia, although it may not *predominate*, may *exist* in such a quantity as to render animal putrefaction innocuous. But when this product is not evolved, we are not without facts to show the pernicious properties of animal putrescency, and that the immunity from animal decomposition is by no means without exceptions.

The effects of putrescency depend very much upon the calmness of the atmosphere, upon the degree of heat, the long continuance of a high temperature, and the length of time that persons are subjected to its contaminating influence, without change of place, change of diet, and change of dress. We always like to see principles illustrated by facts, and both facts and principles by cases.

The present writer, a few years past, attended the family of a wealthy and very intelligent farmer, whose three sons, and negro boy, had each an attack of typhous fever, which in two of the sons, and in the colored boy, put on severe and malignant symptoms. The lady of the house, her two daughters, and colored girl, had nothing of it. Mr. Mason, the gentleman referred to, observed that he was at a great loss to determine the source of this illness, as his family, and that of his father, had usually been very healthy, and especially free from fevers. But, he continued, he thought that he had discovered, at length, the cause. A dead sheep was found, in a very offensive state, near the path where all those affected went and came to and from their summer labors on the farm.

A respectable physician, in a neighboring town, informed the writer that in a certain family several of the members had malignant fevers, which proved fatal to one of them. It was a season, he remarked, in which fevers did not prevail. None of their neighbors were sick, and he was perfectly at a loss to determine the cause, when it was at length discovered that a barrel of putrid brine, which had been left by a family that removed from the house in the spring, was in one of the rooms, and which being covered by a quantity of lumber, had escaped notice, until discovered, in searching for the source of the family illness.

There is an account, in one of the numbers of the New York Medical Repository, of a malignant fever in a family, the cause of which was finally traced to some barrels of putrefying beef, in the cellar, which had not been sufficiently salted.



The yellow fever of 1798, at New London, Conn. was imputed to some damaged codfish, which were found in a store, near where the first cases of fever had their origin.

But it may be conceded, as before intimated, that the most offensive animal matters are not attended with the most disastrous consequences. None will deny the existence of jail, hospital, and camp fevers. These fevers arise from animal deterioration, from the effluvia of the congregated inmates contaminating the air ; but still, there may be no absolute putrefaction. We know of deaths from air bad, but still not putrid. The perspiration, the breath, the dress, the ulcers, and the effluvia, of those who eat much animal food, are more to be dreaded than those of persons who live upon vegetables. And this gives the reason why the armies of this country suffer more from fever, diarrhœa, and dysentery, than those of any other nation in the known world, in proportion to their numbers. There is no nation on earth which is so bountifully supplied with pork, beef, veal, poultry, milk, eggs, and butter, as our own ; and there is none in which a congregated mass of inhabitants are so liable to suffer.

But no one will deny that those fevers which have their source within the patient's own system, are of animal origin. We, who are in medical practice, have such cases of fever, not unfrequently. A deficiency of absorption, perhaps a paralytic state of the absorbents, leaves the exhaled fluids to putrefy, or at least to deteriorate, and hence a sporadic case of fever ensues. The cases of fever, here referred to, may be compared to the system being inoculated with the spontaneous evolution, and rapid deposition, of its own decomposed fluids. The exhalants first act, whilst the absorbents cease to do their duty. Next, there is a chemical change in the accumulated blood, or serum, the salivary, pancreatic, biliary, or perspirable matters. And it may be not unworthy of remark, that repletion in the venous system, over eating, or over drinking, may have the same, or very similar consequences, to those of animal fluids, actually extravasated ; especially if there be a torpid state of the bowels, and indigestion. Or, on the other hand, when the gastric juice has too great activity, and the powers of life are diminished in the coats of the stomach, the mucous coat of the latter may be eroded or abraded.

A very accurate observer and celebrated physician, of my acquaintance, gave me the history of a patient whom he lost, and whose body he examined after death, in the intestinal tract of which there was found a hole of the size of about a six cent piece. And the late Dr. Pascalis, of New York, relates a case, in which *post-mortem inspection* presented a hole, quite through all the coats of the stomach, produced by the action, as he supposed, of the gastric juice. The Doctor's opinion was, that this erosion took place by the action of the gastric juice, after the patient's death. But the probability is, that it began, and was partially accomplished, before dissolution, and was, in fact, its principal cause.

In Rhode Island, there are far more manufacturing establishments, in proportion to the number of inhabitants, than in any other State in the Union. These, in their early establishment, lost many of their operatives by fevers. And that these fevers were of animal origin, from the effluvia of the congregated mass of workmen, together with the animal oil used, seems proved from their often being prevalent in winter and spring, when

there was no marsh miasm. In the cold seasons of the year, factories are warmed by means of stoves, and the windows and doors are closed against the free access of pure air. Hence, in them, as in jails and camps, fevers are observed to be as frequent, and as fatal, in winter as in summer. In summer, free ventilation does much to remedy the evil ; but it does not, in every instance, do it away entirely. The present writer, who formerly practised in that State, had a number of cases of typhous fever under his care among the operatives of a small cotton-mill, in the very hot summer of 1811. It was, however, a *year* of fevers, apparently not much influenced by changes of weather, or succession of seasons. In the south county, Washington, where he resided, there were four successive years, viz. from 1810 to 1814, both inclusive, in which the typhous fever prevailed, bidding defiance to all changes of weather. From July of the former year, to the autumn of the latter, there was not the exception of a single day, in which he had not some patient, and often a considerable number, ill with that fever. In none of the other counties of that little State did it continue so long, although in the counties of Providence and Kent there was a short period, in that space, in which the manufacturing establishments suffered considerable mortality. The winter of 1811—12 was unusually severe, and it was then, that, in the writer's circle of practice, the number and the severity of the cases were greatest. Not many cases, however, occurred in factories, for they were small, and their numbers few, in the southern section of the State. But typhous fever prevailed in small villages, and in the open country. The severity of winter brought, as it ever brings, the members of every family more into contact, in their houses and about their firesides ; and consequently more concentrated animal effluvia.

No one disputes the animal origin of contagion. But waiving, for the present, the question respecting the strictly contagious nature of typhous fever, to me it appears that the occult qualities of the air, to which Sydenham imputed so much febrile mischief, act on the animal secretions and excretions, generally ; and that these animal deteriorations produce fever, in those who are predisposed, from original aptitude in the robust, and acquired aptitude in the feeble, to be acted on by animal poisons. Many hale persons suffer much in a crowded assembly ; many feeble ones, still more ; while some, of each class, do not suffer at all. Hence, one person will receive the seeds of fever, in sickly seasons, who has only been inhaling impure animal air in a crowded assembly ; whilst another is insusceptible of a febrile impression, and watches and nurses, and spends his days and nights with the sick, with impunity. Unacclimated persons, who have this susceptibility, sometimes suffer very speedily by being only a short time exposed to the effluvia of a predisposed crowd of people, none of whom are sick. As an instance of this, I may mention the case of the Hon. James Burrill, who belonged to Providence, 30 miles distant. He was then State's attorney, and, like some of my other patients, was seized suddenly ; for whilst in a state of apparent health, attending to his business in the court-house, he was taken severely and unable to go home ; he had the fever at his inn. He had not been among the sick, and the fever at that time did not prevail in Providence ; but the crowd in the court-house was undoubtedly *breathing out* the seeds

of that fever, which was prevailing in the county. We may remark, that Mr. Burrill's constitution was, naturally, far from being robust, and that he afterwards died with consumption, at the city of Washington, whilst there on his duty as a member of the United States' Senate. A brilliant, but evanescent meteor.

We will here advert to one or two other cases of the same kind.

Dr. Eddy, a physician of Providence, of my acquaintance, went from thence to one of the West India islands, on account of his health, he being in a consumption. He there contracted the yellow fever, of which he died. But I believe that he saw no person with that disease ; nor do I recollect that it was said to have been prevalent at that time in the island where he was.\* But there was undoubtedly a predisposition, among the associates of Dr. Eddy, to that West Indian disease.

The prevalence of yellow fever on board ships, near docks, and filthy stores, on the seaboard, points at once to *animal miasm* as its source. There is no *marsh miasmata* at sea, where the yellow fever has often commenced, which in my mind entirely prostrates the position of its origin from that cause, as assumed by Dr. Bancroft, an English physician. He might just as well impute *scurvy* to *marsh miasmata*.

Every animal body has its exuvia ; its castings off, into the interior of the alimentary canal, into the interior or exterior of the lungs ; within the skull, within or without the *dura mater* ; into the ventricles, or sinuses of the brain, its substance or meninges. The meningeal artery may be ruptured, by jumping from a moderate height, or by a fall, or by a blow, as it has been by a blow on the head by the fist. The arteries, and veins, and glands, and cellular substance, as well as the bilious and urinary vesica, are all liable to suffer from deposition exceeding absorption ; or from absorption, taking up the bile and urine into the general circulation, before its proper time to pass off by its natural channels. All and each of these events may produce fevers ; and fevers, thus produced, are indisputably of animal origin. Perishing from poverty, and its incidental diseases, as 75 per cent. of the poor of Ireland are supposed, by medical men, to do, is the result of animal action, fluid or solid, upon the animal system. And the typhous fevers of the same class have a similar origin, with the aid of external exhalations, from animal filth.

All contagious diseases, as before intimated, are, past all controversy, of animal origin. No one ever dreamed of smallpox, or syphilis, or measles, or psora, being generated by vegetable putrefaction. Those diseases, therefore, whose causes are positively and indisputably known, are of animal origin.

The predisposition to receive the seeds of fever, and to have them germinate into a febrile disease, is an animal idiosyncrasy. No infectious locality, never so highly saturated with putrefaction, or with emanations from the sick, was ever known to affect all equally, who were equally exposed. Even in the plague of London, and of Alexandria in Egypt, when numbers were sick, dying, and dead, many enjoyed as good, or even better health, than usual. And the same thing has happened in New York and New Orleans, during the cholera and yellow fever.

\* I have just learned that a Mr. Edgerton is dead with cholera, at New Orleans, who went from this town, in consumption, a few weeks past.

The hydro-oxygen microscope owes its name to its being lighted by the burning of hydrogen and oxygen gases, upon lime, at the moment of their junction. A light is thus produced, more brilliant than the sun, or any other known light, and a magnifying power produced by the instrument, as before observed, of nearly two and a half million of times. It bids fair to analyze the whole visible creation, more accurately than fire, or any other chemical agent. From the numerous animals brought to light, by its astonishing powers, in a single drop of pure water, we are brought, past resistance, to doubt of there being any such process as vegetable putrefaction, unconnected, at the same time, with animal. The blood and the muscles yield the same chemical results, and should both turn out to be a congeries of animalcules, it would not be surprising.

I am, Mr. Editor, yours very truly, JOSEPH COMSTOCK, M.D.  
*Lebanon, Ct. June 20th, 1835.*

## CASE OF MALFORMATION.

BY A. P. FULLER, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

MARCH 12th, 1835, attended the accouchment of Mrs. H. wife of John Holmes, of Freedom—a young healthy woman, and mother of four healthy children. She had been about twelve hours in labor when I saw her. I was informed that her pains had been regular until about an hour and a half before my arrival, when they became irregular, distressing her much through the back and hips. On examination, found a shoulder and hand presentation, the fingers projecting beyond the apex of the shoulder. Finding the os uteri well dilated, and the head of the child not very large, I pressed back the shoulder; the occiput very readily presented, and in a few minutes she was delivered of a full grown but deformed male child, apparently more dead than alive, which in about a minute respired and cried feebly.

I did not here follow the direction of authors in such cases made and provided; why should I? What necessity here for the formal and tedious operation of turning, when the simple method of putting back the shoulder restored the child to its natural presentation? Before the mother had any knowledge of the deformity, she was questioned respecting her impressions of marks or fright, and replied that she had no suspicions of any marks or deformity; nor had she been frightened, except two days ago she was some agitated on account of a dispute between another man and her husband. I put these questions that I might the more readily convince the attendants of the absurdity of the Aristotelean doctrine so prevalent among women in many parts of the country.

The child lived only about 15 minutes. The left fore arm, on inspection, was found reflected upon the humerus, and by reason of the shortness of the flexor muscles could not be extended. The hand of the same arm had four fingers but no thumb, nor was the hand so formed as to indicate the want of an additional member; indeed there was no place for a thumb. The left thigh was flexed upon the abdomen, and the leg

upon the back part of the thigh, and neither of them could be straightened on account of the shortness of the muscles of flexion. The foot of the same side was turned up on the malleolus ; had but two toes, and those imperfect. The anus was wholly wanting ; upon the most minute examination with a small probe, none could be discovered—nothing but a slight indentation where the anus should have been. The penis was imperfect, as well as *imperforate* ; the urethra supposed to be wanting, as I could not discover any passage by a close inspection with a very small probe. The penis had an hour-glass appearance : growing as if it were about to form the head, half an inch from its origin in the pubis, then commencing anew a bulbous growth about the same length as the first portion, and terminating in the usual appearance of that organ, save the urethra.

I do not know that the above case can be of any practical utility, yet the facts may be worth preserving. I wish to make a few remarks upon obstetric practice, since I have deviated, and do occasionally deviate, from the square and compass method of authors. I do not think our lecturers upon this subject were formerly practical enough. I had always been taught that the placenta should not often be removed per force ; that it was dangerous, &c. Some eight or ten years ago I was called to visit a woman in labor ; it was the first case of the kind I had ever attended ; it was not a difficult one. In a few hours the child was born, but the placenta did not come away ; after a while I made slight attempts to remove it by the cord, but without effect. I waited again for after pains ; but although pretty good, they did not expel it. In about an hour and a half more, there being considerable hemorrhage, I made another unsuccessful effort by pulling upon the cord as much as I supposed it would possibly bear without separating ; waited half an hour longer, and still the placenta remained, but the flowing had now become very alarming, and the patient fainted repeatedly. An old practitioner was now sent for, and speedily arrived. Finding he could not succeed by extension of the cord, he introduced his hand and peeled off the placenta, which he said adhered to the walls of the uterus, and in three minutes removed the whole of it. The patient was then put to bed, and the hemorrhage soon ceased. Now this patient probably would have lost her life had she not received timely assistance. Yet I had never been taught the *urgent* necessity of resorting to violent measures as I supposed this to be, believing the hemorrhage would thereby be increased, and I chose to be held responsible for the sin of omission rather than that of commission. Since that time I have usually made it my practice to remove the placenta very soon after the birth of the child, by force if necessary ; and notwithstanding I have had a large share of obstetric cases for country practice, yet I have never in a single instance found any alarming symptoms arise from such a course, but on the contrary am enabled very early to place my patients comfortably in bed.

I have had two cases of hour-glass contraction, in which I succeeded by much effort in bringing away the placenta, although the attempt was made in a quarter of an hour after the birth. Had I waited for voluntary expulsion, four, five, or, as some advise, twenty-four hours, and found it necessary then, could the removal have been as easily made by manual operation ? or if we have waited long and patiently, how can we know

whether there is an hour-glass contraction or not, if we have neglected to introduce the hand ? and if we have made the introduction, why not remove the foreign body at once ? The existence of hour-glass contractions has been questioned by some, but the two cases I have had were so distinctly marked, that it appears to me a novice might have detected them.

*Albion, Me. June 9th, 1835.*

#### ON GANGRENOUS EROSION OF THE FACE.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—Permit me, through your columns, to offer to Doctor Fuller, of Maine, and to your other readers, a few brief considerations to show that calomel had nothing to do with the fatal termination of the case described in your 20th number.

1st. *The supposition is contrary to all analogy.*—There is not an article in the list of remedial agents—I mean an uniform article whose constituents are invariable—that proves innocuous and salutary in ninety-nine cases, and yet in the hundredth is a fatal poison. The suggestion is at war with the most common-sense maxims. Besides, the analogy fails in another particular. Whoever heard of any substance used for therapeutical purposes, of which 1 1-2 grain—as in the case above alluded to—could overthrow the powers of the system, while ten times the amount would be perfectly safe ? There is not a parallel in all the *Materia Medica* to the supposition under discussion.

2d. *We never attribute to mercurial preparations the large patches of mortification that occur in cynanche maligna, or the gangrene that occurs in the toes of old people.*—Yet these diseases are as specific, both in respect to symptoms and location, as the gangrenous erosion of the face. The former diseases occur usually without any previous medication, and, therefore, mercury is not blamed. The gangrene of the face, being frequently the sequel to other complaints, and the preparations of mercury by their incomparably useful qualities being employed in nearly all acute and dangerous disorders among practical men, there is opportunity for prejudiced friends, as well as intriguing professional men, to pronounce dogmatically that the *post hoc* is the *propter hoc* : that the horrid and ghastly disease in question is the effect of a few grains of calomel ! The fact is, that in all these cases of mortification, the local loss of life is, like the petechiæ of purpura hemorrhagica, a symptom—an effect—of some grave and dangerous lesion of the whole fabric.

3d. *I have never witnessed a severe inflammation of the mouth, whether from mercurial ptyalism, quinsy, putrid sore throat or ranula, that was not accompanied by an offensive odor, so similar in all these instances, as naturally to suggest to anxious friends and nurses the agency of calomel in the disease in question.*—We ought not to wonder, however much we may be grieved, that men so little accustomed to close investigation of cause and effect as many of our employers are, should confound the cause of diseases so widely different as mercurial salivation and gangrenous erosion.

*But, lastly, the cases already recorded in our journals are sufficient to place this matter beyond all doubt.*—I have time and space only to refer to them : but they should be within reach of every practitioner who is liable to incur the censure of his employers, simply because he is called to treat a disease of this distressing and dangerous character.

Dr. Jackson, of Northumberland, Penn. has published in the 12th Volume of the Philadelphia Medical Recorder, several cases of this disease, in some of which no mercury had been given. Dr. Young, of the same State, in the American Journal of the Medical Sciences for May, 1831, states that he had seen fourteen cases. In his treatment he uniformly used calomel as a cathartic, and with great success ; but not a word is said of calomel or other mercurial medicines being the cause of these complaints. Dr. Hempsted, of Ohio, in the 3d Volume of the Boston Medical and Surgical Journal, p. 30, has given a particular statement of six cases, in three of which no calomel or mercury had been used. Dr. Lovell, of the United States army, treated several cases of the complaint at Buffalo, in 1814, in which there had not been a particle of calomel or mercury used previous to their attack. The symptoms and treatment are both described in Mann's Medical Sketches, p. 164.

Now if testimony can ever settle this point, it has already been done. The above authorities are abundantly sufficient to satisfy any reasonable mind ; and although they may not absolutely remove the prejudices of friends or silence the clamors of dishonorable men in our ranks, they certainly should relieve us from any ill-founded apprehensions that may tend to restrain us in the *proper* employment of this highly useful article.

*Hartford, June 27, 1835.*

M. L. NORTH.

## BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 8, 1835.

### MODERN PRACTICE OF MEDICINE.

It must hereafter be regarded as a singular circumstance in the history of medicine, that in this particular age, distinctly marked by the progress of mind in the collection of facts, the treatment of diseases is so often of secondary importance. Critical observations on the minute character of some bronchial râle, or the obscure indications of a morbid condition of an air cell, are beginning to be more interesting to some, than an application of remedies for the subduction of diseases.

According to modern notions, traceable to a Gallic origin, it is scientific to watch the phenomena of diseases, but vulgar as well as unphilosophical to make any attempts to disturb the regular laws by which they are governed. Thus it is continually said of eminent practitioners, in relation to curative measures, that they do nothing at all. "*Nature leads,*" was the observation of Hippocrates ; which to a certain extent is unquestionably true ; but if it is to be understood that the sick cannot be benefited by the administration of medicines, and this doctrine is to prevail, how melancholy is it to reflect on the loss of time that has been un-

profitably devoted during more than three thousand years to the acquisition of that kind of knowledge erroneously supposed useful in lessening the miseries of human life.

In physic, as well as in the constructive arts, there is a fashionable era. Innumerable modes, varying in principle as well as in form, have been proposed for treating the various maladies to which man is incident, but not one of them has been perfectly satisfactory to all. Because medicine is a progressive science, many appear to feel licensed to take what liberties they please with the deductions of those who have gone before. At the rate, therefore, which modern pathologists are advancing, it will soon be difficult to discover a relationship between the present system and those of the old masters, whose opinions once commanded respect.

It is curious, notwithstanding this pretended *advancement*, to observe, that it has neither arrested the tendency of disease, nor limited the bills of mortality. With all the exhibitions which are made of profound thought upon the exact character and quality of these messengers of death, it is doubtful whether any improvement has been made in the treatment of many diseases in Europe, if credit is to be given to the publications of the élite. Those foreign opinions, which consider the most desirable issue of any disease to be one that opens an opportunity for inspecting its locality, are somewhat contagious ; and it is greatly to be feared that the effect, in the sequel, will be decidedly unfavorable, if some counteracting influence is not opposed. The new and absurd course of leaving the sick to get well as they can, because nature is disposed to help those who cannot help themselves, deserves the strong censure and condemnation of all honest men. However amusing it may be to keep pace with the speculations of medical philosophers, actual practitioners should be extremely cautious in the adoption of any new system which has not positively been demonstrated to be superior to those already shown to be good and almost unexceptionable.

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#### HUNTERIAN MANUSCRIPTS.

In the course of an examination of Mr. William Clift, before a select committee, of the House of Commons, on medical education, a most extraordinary and unlooked-for development was made of the unaccountable conduct of the late eminently distinguished Sir Everard Home, known the world over as an acceptable and prolific writer on physiology. It seems that a great proportion if not all of those ingenious and highly curious papers which were given from time to time in his name, for a series of years, to the Royal Society, and published at great expense in their transactions, were actually *stolen* from the late Mr. Hunter's manuscripts, the property of the nation, kept in the Hunterian museum. To make all sure, and forever prevent the discovery of his meanness, the originals were utterly destroyed—to the amount of *ten large folio volumes!* Being one of the curators of the museum, he had a complete control of the papers, and was thus enabled to carry on his illegal, dishonest literary pursuits in medical philosophy, uninterruptedly, through life. Mr. Clift could testify positively to the fact—as he wrote, when a pupil of Mr. Hunter's, a large share of the whole mass, under the author's directions and under his own eye. He says that many of Sir Everard's communications were, verbatim, Mr. Hunter's language ; and moreover, drawings accompanied those manuscripts, which were copied. Some of the original



illustrations have been found in the museum, and this fact, therefore, places some part of the story beyond a doubt. Nothing could have been more surprising than this strange discovery, and the learned will wait impatiently to know the result of the whole inquiry.

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*Baron Heurteloup.*—This distinguished operator—whe probably has a better practical knowledge of lithotripsy than any other living surgeon—has recently had occasion to speak of the success of his practice in the English hospitals. Out of sixteen patients, none have had any return of the complaint, though some of them were operated upon four or five years ago. Samuel Goodge, a seaman, operated upon in May 1830, who died three years after of a disease of the chest, was carefully examined by the medical officers of Greenwich hospital, but not the smallest particle of a stone was discoverable in the bladder. The Baron operated on a man by the name of Newton, at St. George's Hospital, who unfortunately died of apoplexy during the treatment. On opening the body, the stone, of which considerable had been voided, was found almost entirely pulverized. The walls of the bladder were untouched, and therefore exhibited no traces of irritation, which is a positive proof against a prevalent idea that the instruments are apt to injure the organ. The Baron is now a resident of London.

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*As it should be.*—Mr. Wakley, not long ago, moved in the British House of Commons for copies of all the documents which have been issued by the Worshipful Company of Apothecaries in London, for enforcing the attendance of medical students on lectures and hospital practice. There has been gross neglect there, as well as here. No man should be permitted to sell a drug without having a scientific knowledge of his profession. Apothecaries would find it as much to their advantage to attend two courses of medical lectures during their apprenticeship, as the practitioner who makes the prescription.

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*Rewards for Vaccination.*—In one of the late numbers of the *Gazette Médicale*, of Paris, is a list of one hundred and seven medical men and *sage-femmes*, who have received gold and silver medals from the Royal Academy, for their praiseworthy exertions in propagating kine pock inoculation.

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*Issues.*—The plan of introducing issues, says Mr. Liston in a recent lecture, to compensate for the discharge from an ulcer which has been some time open, has rather got out of fashion; but there is nothing I am more convinced of, than the propriety and necessity of this practice being adopted in some cases. I have known several instances of a fatal termination ensuing very soon after the closure of old ulcers. Nature often seems to establish them for the prevention, relief or cure, of internal diseases.

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*Pessaries.*—We are extremely gratified to learn that Dr. Brewer's pessary, which was minutely described in this Journal some weeks ago, meets universal approbation. The best evidence of its utility is the fact that the inventor had not one on hand the last week, such had been the demand for it.

*Statistics of Poisoning in France.*—It results from the researches of Dr. Chevallier, a member of the Academy of Medicine in Paris, and of M. Boys de Loury—1st. That within seven years 273 individuals have been tried for administering poison ; of whom 171 have been acquitted, and 102 condemned. 2dly. That the poisons employed were in 54 cases arsenic, in 7 verdigris, in 5 cantharides, in 5 perchlorure of mercury, in 4 nux vomica, in 3 powder for the destruction of flies, in 2 nitric acid, in 1 sulphur of arsenic, in 1 emetic tartar, in 1 opium, in 1 acetate of lead, in 1 white lead, in 1 sulphuric acid, in 1 sulphate of zinc, in 1 mercurial ointment, in 5 poisons not named. 3dly. That the assigned motives for the crimes have been—in 28 cases interest, in 24 libertinism, in 15 vengeance, in 10 jealousy, and in 6 madness. 4thly. In 28 out of 81 cases the poison was administered in broth, in 8 cases in milk, 7 in flour, 4 in medicine ; twice it was introduced immediately into the mouth, twice in coffee, once in cider, and once in a fowl. It has been remarked that in many cases the taste communicated by the poisonous substance has saved the victims, and that in others the color of the poison has been a salutary warning. Hence Messrs. Chevallier and Boys de Loury conclude that poisonings would be less frequent if poisonous substances were colored or rendered sapid.

*Parisian Hospitals.*—From official returns lodged at the bureau of the Prefect of the Seine, it appears that the receipts of the Parisian hospitals, for the year 1833, amounted to 10,186,388 francs (nearly 408,000*l.*) the whole of which appears to have been expended. The principal receipts are from rents (*loyers fermages*), 1,136,271 francs ; government grants (*rentes sur l'état*), 4,201,472 francs ; from the city of Paris, 5,238,000 francs. The lowest item of receipt is individual aid (*rentes sur les particuliers*), 11,000 francs ; the income from the Mont de Piété, or licensed pawn-shops, 281,970 francs ; from the theatres they draw 60,000 francs ; they also draw 400,000 from the departments, for the support of the maternity section of the hospitals, it being presumed that the little foundlings are not all of Parisian parents. Of the expenses, the chief head is that for food and treatment of the poor (for be it remembered that many patients in the French hospitals pay for their maintenance and medical treatment, the item of receipts for this being 386,100 francs), amounting to 3,627,906 francs ; then comes out-of-door assistance, 1,516,025 francs ; foundlings and orphans, 1,450,000 ; *matériel*, bed-clothes, &c. 1,381,478 francs ; and expenses of management, 1,135,442 francs. The localities for relief are of three kinds. First, the hospital establishments, 24 in number ; of these, 13 are hospitals or establishments for the sick, and contain 5,337 beds ; and 11 are infirmaries (*hospices*) for the old and infirm, as also for orphans, in which 11,740 persons may be maintained. The total of the beds of these hospitals and infirmaries is 17,077. The second kind of relief is afforded at certain asylums and schools ; the number relieved by this means in 1833 was 68,986. The third class includes the foundlings.

*Indian Doctor's Bill.*—A curious trial came on in April, last year, in the Court of Requests, Calcutta, for a native doctor's bill, charged at 314 rupees. There were 14 items, consisting mostly of gold leaf, pearls, and other precious things, dissolved, or said to be dissolved, and made

into pills. One of them professed to consist of the navels of goats and monkeys, brought from the Persian Gulf, and mingled with musk.—One hundred rupees had been paid in advance, and the commissioner thinking it enough, the case was dismissed. This trial exhibits a fair picture of what sometimes occurred in Europe before the healing art assumed the character of a science.

*Hydrocephalus*.—Dr. Dorfmüller notices briefly in *Siebold's Journal* a case of remarkable hydrocephalus, cured by the sole efforts of nature. This occurred in the person of a male infant, aged eighteen months, to whom the author was called, with a view to pronounce if the child was fit for vaccination. The head was three times larger than that of an adult, and the infant was unable to support it, but laid its head constantly on the breasts of its mother; the fontanelles were very large, and the head felt soft and pasty. The rest of the body was tender and weakly, and of a natural size. The author left the infant with the idea that it could not survive many months; but after a lapse of five years, being called on to give some assistance to the mother, he took the opportunity of inquiring after the child, when he was astonished not only to hear that it was alive, but to find on examination that the child's head was now even less than the natural size, while the bones were completely united and felt hard. The body was well built, and of its proper magnitude. The mental faculties were developed in a moderate degree, and the parents affirmed that this fortunate result occurred without the assistance of any medical aid whatever.—*Lancet*.

*Use of Chloruret of Lime in Blenorragia*.—Professor Graefe, of Berlin, was among the first to employ this remedy in inflammatory discharges from the urethra; and so favorably did he augur of its good effects, as to state that it would cure the disease when copaiba and cubebs had failed. It was used both internally, either in the form of mixture or of pills, and externally as an injection: the formula for the pills is as follows:—Take of the chloruret one drachm, of extract of opium nine grains, and as much gum as may be necessary to form a consistent mass, which is then to be divided into fifty-four pills. At first, one may be taken every two or three hours; and the dose is to be gradually increased till eight, ten, or twelve are taken every hour. The injection is made by dissolving twenty-four grains of the chloruret in six ounces of water, and adding half a drachm of the vinum opii. The strength must be regulated according to the irritability of the canal. This treatment has been successfully adopted in acute as well as in chronic cases; but it is in the latter set chiefly that the greatest benefit has been obtained. As a matter of course, if the irritation produced exceed certain limits, we must omit the use of the chlorurets, and resort to a more soothing treatment. In one patient, who had had a gleet for two years, the discharge was stopped in the course of ten days.—*Trav. de la Soc. Med.*—*Amer. Journ. of the Med. Sci.*

DIED—In this city, Caleb H. Snow, M.D. aged 39—In Whitefield, N. H. of lung fever, Dr. Benj. F. Sanborn, aged 32.

Whole number of deaths in Boston for the week ending July 4, 22. Males, 13—Females, 9.

Of bowel complaint, 1—bursting bloodvessel, 1—convulsions, 1—child-bed, 1—consumption, 4—dropsy, 1—fits, 1—inflammation of the bladder, 1—inflammation of the brain, 1—infantile, 2—lung fever, 1—measles, 1—old age, 1—palsy, 1—scarlet fever, 2—unknowns, 2. Stillborn, 4.

1835 June	THERMOMETER.			BAROMETER.			Appearance of the Atmosphere	Wind	Rain	Memoranda, &c.
	Min.	Max.	Mean	Min.	Max.	Mean				
Mon. 1	60.00	75.00	67.50	29.70	29.85	29.775	Cumuli	NW	.10	Rain and SW, m.
Tues. 2	53.00	84.00	69.50	29.92	29.96	29.940	"	"	"	"
Wed. 3	61.00	63.00	60.50	30.08	30.15	30.115	"	E	"	Thermometer 58° a.
Thur. 4	54.00	83.00	68.50	29.90	30.15	30.025	"	SW	"	p m.
Frid. 5	65.00	85.00	75.00	29.65	29.80	29.725	Cumu. strat.	"	.10	Rain, a.
Satur. 6	62.00	71.00	66.50	29.80	30.00	29.900	Cumuli	SE	"	"
Sun. 7	52.00	61.00	56.50	30.20	30.40	30.300	"	"	"	Stratus and E, m.
Mon. 8	46.00	74.00	60.00	30.40	30.45	30.425	Cirri	SW	"	"
Tues. 9	48.00	78.00	63.00	30.00	30.25	30.125	Cirrus	"	"	"
Wed. 10	60.00	73.00	61.50	30.00	30.30	30.100	Cir. c. strat.	E	.10	Rain, a. Th. 50, a. ☉.
Thur. 11	50.00	71.00	60.50	30.10	30.25	30.175	Cirrus	SW	"	Stratus and E, m.
Frid. 12	60.00	79.50	69.75	30.05	30.10	30.075	Cir. c. strat.	"	.12	Rain during the night
Satur. 13	63.00	87.00	75.00	29.90	30.05	29.975	Cumuli	"	.40	Nimbus, a.
Sun. 14	65.00	81.00	73.00	29.75	29.88	29.815	Cumulus	NW	"	NE, a.
Mon. 15	55.00	65.00	60.00	30.05	30.12	30.085	Cir. c. strat.	NE	"	"
Tues. 16	48.00	74.00	61.00	29.85	30.12	29.985	Cumuli	SW	.18	Rain during the night
Wed. 17	55.00	71.00	63.00	29.75	29.82	29.785	"	NW	"	( a. [rain during night
Thur. 18	53.00	76.50	64.75	29.80	29.90	29.850	"	E	.75	Rain, a. Nimbus and
Frid. 19	58.00	80.00	71.00	29.65	29.82	29.735	Cumulus	S	"	"
Satur. 20	66.00	59.00	62.50	29.40	29.75	29.575	Cumuli	NW	"	Barometer 29.80, a.
Sun. 21	47.00	69.00	58.00	29.80	29.86	29.830	"	SW	"	"
Mon. 22	47.00	71.00	59.00	29.88	29.95	29.875	Cumulus	"	"	"
Tues. 23	54.00	70.00	62.00	29.80	29.90	29.850	Cumuli	NW	"	"
Wed. 24	55.00	79.00	63.50	29.90	29.95	29.925	"	SE	"	Stratus, m.
Thur. 25	57.00	78.50	67.75	29.90	29.95	29.925	Cir. c. strat.	SW	"	☉ a.
Frid. 26	61.00	72.50	66.75	29.90	29.95	29.925	"	NE	.03	Rain, m. Stratus, a.
Satur. 27	55.50	56.00	55.75	29.85	29.90	29.875	Stratus	"	.10	Rain
Sun. 28	51.00	80.00	67.00	29.65	29.80	29.725	Cumulus	SW	"	"
Mon. 29	53.00	77.50	67.75	29.58	29.65	29.615	"	"	.06	Rain during night
Tues. 30	61.50	72.00	66.75	29.60	29.68	29.640	"	"	"	"
Aggreg.	56.20	74.11	64.775	29.86	29.98	29.9240	Cumuli	SW	1.94	"

RESULT.—Mean temperature, 64.775; maximum, 13th, wind SW, 87.00; minimum, 8th, wind SW, 46.00; greatest daily variation, 9th, wind SW, 30.00; least daily variation, 27th, wind NE, 0.50; range of thermometer for the month, 41.00; increase of mean temperature from May, 10.760; prevailing atmosphere, cumuli (clear). Prevailing wind, SW. Mean atmospheric pressure, 29.9940; maximum, 8th, wind SW, 30.45; minimum, 20th, wind NW, 29.40; greatest daily variation, 20th, wind NW, 0.35; least daily variation, 2d, wind NW, 0.04; range of barometer, 1.05; increase of atmospheric pressure from May, 0.0081; rain, 1.94 inches.

Comparative with June, 1834.—Mean temperature, 63.233; maximum, 86.00; minimum, 48.00; prevailing atmosphere, cloudy. Mean atmospheric pressure, 29.8256; maximum, 30.12; minimum, 29.50; rain, 2.80 inches; prevailing wind, SW.

Fort Independence, Boston, July 1, 1835.

B.

Erratum.—In the advertisement of the Medical School in Boston, in the 20th No. of the Journal, the title of the professorship of Drs. Jackson and Ware should have been "Theory and Practice of Physic and Clinical Medicine," instead of "Clinical Surgery."

THE MEDICAL FACULTY of Harvard University announce to the public, that the Lectures will begin on the first Wednesday in Novem., and continue thirteen weeks, after which time the regular course will be considered as terminated. But for the following four weeks, the Hospital and the Dissecting room will be kept open, and some Lectures will be given, without additional expense, to such students as may choose to remain.

The following Courses of Lectures will be delivered to the class of the ensuing season:

		Free
Anatomy, and the Operations of Surgery,	by JOHN C. WARREN, M.D.	\$15
Chemistry,	" JOHN W. WEBSTER, M.D.	15
Midwifery and Medical Jurisprudence,	" WALTER CHANNING, M.D.	10
Maternal Medicine,	" JACOB BIGELOW, M.D.	10
Principles of Surgery and Clinical Surgery,	" GEORGE HAYWARD, M.D.	10
Theory and Practices of Physic, and Clinical Medicine,	" JAMES JACKSON, M.D. and JOHN WARE, M.D.	15

By an additional act of the Legislature of Massachusetts, the opportunities for the study of Practical Anatomy are now placed upon the most liberal footing. While the violation of sepulchres is prevented, it is anticipated that an ample supply of subjects for the wants of science, will be legally provided at a small expense.

The Massachusetts General Hospital is open without fee to Students attending the Lectures of the physicians and surgeons. This Institution contains about sixty beds, which are, most of the time occupied by patients who are subjects partly of medical, and partly of surgical treatment. Clinical Lectures are given several times in each week, and surgical operations are frequent. The number of surgical operations during the last five years has averaged about seventy in each year.

To the Medical College is attached a Medical Library, a costly and extensive Chemical Apparatus, and Collections Illustrative of Midwifery, Materia Medica, and Healthy and Morbid Anatomy.

Boston, June 12, 1835.

June 24—TNI.

WALTER CHANNING, Deas.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy, gratis.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. XII.]

WEDNESDAY, JULY 15, 1835.

[NO. 23.]

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## ON THE TREATMENT OF WHITE TUMORS OF THE JOINTS.

FROM M. LISFRANC'S LECTURES AT LA PITIE.

WHEN the surgeon has carefully examined what kind of tumor he has to treat, and is ready to commence his course, he should, as a principal point, direct his attention to the state of the viscera. There frequently exists so intimate a connection between white swellings and affections of the internal organs, that if the internal disease becomes worse, the white swelling disappears, so as sometimes not even to leave any anatomical trace; while, on the contrary, if the tumor be treated separately, the state of the viscus gets worse, so as to endanger the patient's life, while that of the swelling improves. Nay, more; we have often examined the viscera with care, and having found them sound, commenced the treatment of a white swelling, but the first step towards its cure has been the signal for the development of some visceral affection, either because the latter pre-existed in a latent state, or arose suddenly and the two diseases balanced one another, the first advancing as the second receded, and vice versâ. Hence results the important precept not to attack a white swelling without being assured of the healthy state of the viscera; and should any internal disease pre-exist, or become developed during the treatment, suspend everything until this dangerous complication has completely disappeared. If we found the swelling decrease in proportion as the other affection got worse, it might be prudent even to excite a certain degree of inflammation in the joint, and establish it there until the cure of the internal organ becomes complete.

When iodine was first employed in the treatment of white swelling, it was pretended that the new medicine rendered every other precaution useless, and that the patient might continue to walk as usual. We experimented this method, and accidents were in consequence developed, evidently under the influence of exercise. But without advising the patient to walk about, may we not at least communicate some gentle motion to the limb, in cases where ankylosis is to be apprehended? The answer to this is easy, and its principle readily conceived. When neither pain nor inflammation exists, moderate motion brings no inconvenience. Should a slight degree of inflammation exist, the surgeon must be content to communicate, once a day, some gentle movement to the injured limb; but when any attempt at motion gives rise to excessive pain, &c. we must refrain altogether; the patient can hope for nothing better than ankylosis. This leads me to speak of the conduct which the surgeon should pursue when the impossibility of avoiding ankylosis has been once foreseen, for when the latter accident is complete and irremediable,

it is at least advisable that the fixed position of the limb should bring with it the smallest inconvenience possible ; and if the ankylosis were false, the injured limb is the more readily restored, and the less it deviates from its natural position. When the tumor occupies the elbow-joint, the forearm should be demiflexed. On the contrary, when the lower extremity is affected, the leg should be kept perfectly straight ; indeed it might be even advantageous to fix the whole lower extremity with a proper apparatus. You must not imagine that this continued state of extension is very painful, for we have often employed it without any inconvenience.

If the practice we have alluded to were more generally employed, you would not see so many patients, after having been cured, compelled to drag after them a limb in a state of demiflexion, which is not only useless, but even an inconvenience, from the various shocks to which it is exposed. In the same way, if the limb were fixed in a splint in cases of coxalgia, we should avoid that enormous shortening of the extremity which it is so difficult to remedy. Finally, a precaution of great utility to enable us to observe with exactitude the effects of the treatment, is to surround the tumor with three dark lines traced by means of the nitrate of silver ; one above, the other below, and a third embracing its great circumference. The size of the limb may be taken along each of these three lines with a piece of ribbon, and this manœuvre repeated every ten or fifteen days indicates precisely any variation in the magnitude of the tumor.

The preliminaries being thus arranged, the surgeon should commence by attacking inflammation where it exists. This is what constitutes for us white swelling in the acute stage. It is a matter of some consequence to study the character of this inflammation ; it is generally of long standing, and exists in tissues already altered ; hence we cannot expect to resolve it as readily as a healthy phlegmonous inflammation. Besides, the constitution of the patient, generally weakened by the effects of pain or a constitutional vice, does not permit us to employ sanguineous emissions to any great extent ; we must spare the patient's strength, if we wish to preserve the power of recurring again and again to these means. When the patient is robust, and the inflammation severe, we may commence by the application of fifty leeches. Under any other circumstances we do not apply more than thirty, and often not above fifteen. They should not be put immediately on the tumor, lest the irritation of the bite should be propagated to the interior, and thus hasten its degeneration ; they must be applied all round, at one or two inches from one another, and after this first application the result must be studied with care. Sometimes the inflammation begins to decrease on the instant, and as long as this favorable circumstance continues it is not to be disturbed. In other cases the inflammation remains stationary, or becomes more acute, and here it will be proper to prescribe about twenty leeches two days after the first set. We admit only one exception to this general rule, viz. when the patient is weak, the pulse small and depressed ; in such case we give the patient time to recover his strength, and we confine ourselves to the use of local baths and cataplasms. The former remedy has often the effect of increasing the volume of the tumor, but this augmentation of size is only momentary, and hence little alarming. After local bloodletting

we prescribe narcotics, applied along the inner surface of the limb ; the regimen must be strict, indeed it is right for the patient to live a good deal at the expense of his own flesh.

Such is the course of treatment we have been in the habit of constantly employing with various success. Sometimes every vestige of inflammation was dissipated in five or six weeks ; but more than once we have seen it break out with increased force at the very moment we thought it extinguished, require a new series of treatment, and persist for three or even six months ; finally, in one case we had to combat the acute stage during fourteen months ; and it was only at the expiration of this long period that we were able to employ excitants. In twenty-two months the cure was complete.

Hitherto we have supposed the surgeon to have been called to a case of white swelling which has presented manifest symptoms of inflammation ; but if these symptoms are absent from the very beginning, should we trust to appearances, and have recourse to excitants, the treatment proper in the chronic stage ? We have already seen that the inflammation may be latent, and then excitants would certainly do a great deal of mischief : it is more prudent to commence with one or two applications of leeches, in order to avoid all chance of accident. Even when the acute stage, combated vigorously, no longer exhibits any symptom, we must not be too hasty in our employment of excitants ; these might bring back the inflammation in tissues already too much under its influence ; hence we should rather give the patient a little rest, and allow him an interval of eight or ten days, when a course of treatment quite different from the former may be commenced.

The means which have been proposed for the purpose of dissipating the chronic engorgement that constitutes the white swelling, are very numerous. We shall now examine the most efficacious, study the manner in which each acts, and point out how each should be employed, or, in other words, explain the indications by which our practice has been guided. We would place in the first rank local bloodletting moderately employed. Like all other agents in medicine, this remedy acts differently according to the manner in which it may be employed. Thus, in order to determine congestion towards the uterus, and bring on the menstrual discharge, we apply advantageously a small number of leeches, or employ a small bleeding from the foot : while, to combat congestion of the peritoneum, we bleed largely from the system, and apply a considerable number of leeches. Everybody knows that a few leeches often determine erysipelas, which very seldom takes place when they are employed in numbers. Experience also proves that according to the number of leeches applied to a white swelling, in the acute stage, we can generally augment or diminish the pain as it were at will. When the inflammation exists in a chronic form, we prescribe from four to ten leeches, according to the patient's strength, with the essential precaution of arresting the hemorrhage from the bites at the end of half an hour, in order to render the congestion more sure. The result of such application is various : sometimes no effect is produced for the first few days ; but we must wait four or five days before we pass any definitive judgment, and then return to the charge. In some cases the tumor diminishes and softens on the

day following the detraction of blood ; in others, on the contrary, it augments half an inch or even more in circumference. This latter phenomenon, on the nature of which the patient must be tranquillized, is in general favorable, and shows an energetic modification in the vitality of the tumor. The tumefaction commonly subsides in twenty-four or forty-eight hours, and it continues diminishing progressively for eight or ten days together. It is also a favorable circumstance when the leeches produce an erysipelatous blush on the surface of the skin, which does not last for any length of time, and aids considerably the resolution. In some patients a slight œdema may come on, which, however, soon goes off, or is easily dissipated by compression. In other cases, finally, we have seen a very intense erysipelas develop itself : here the wished-for effect is exceeded, and we must combat this new inflammation by thirty or forty leeches more. We have said that when the leeches do not produce any change after four or five days, we proceed to a fresh application : but we must not obstinately employ this remedy without good results ; and if, after several trials, it fails, we must then turn to another. When, on the contrary, the amendment is clear, we must repeat the abstraction of blood : but here again there is a rule to be followed : thus, so long as the affection goes on well, we must not trouble the progress of resolution by any unseasonable stimulants. We wait until things become stationary ; and when one or two days have passed over without any progress being made, it is time to have recourse to new applications. The first abstractions of blood are generally followed by highly advantageous results ; but this means becomes worn out, and at length produces no effect whatever : we then choose another remedy, which is in turn worn out, and may afterwards return to the leeches, whose application is now accompanied with its wonted good effects. We should, however, point out some cases in which leeches may produce unfavorable results. We should abstain from applying them to females during the menstrual discharge, or even six or eight days before and a day after. In patients disposed to apoplexy, or attacked with some affection of the thoracic viscera, bloodletting is not proper when the tumor is situated on the upper extremity ; it is equally contra-indicated in white swelling of the lower extremity when the female is pregnant, or when she is affected with sub-inflammation of the uterus.

The most powerful resolvent next to sanguineous emissions is, without doubt, compression. Its good effects are so incontestable, that many practitioners advise it indifferently in all cases of white swelling. It cannot be denied that they have been successful, particularly in chronic cases ; but when the disease is acute, compression, like any other excitant, may give rise to a good deal of injury. We have made the trial in this hospital, and been compelled to abandon it. This, gentlemen, is easily conceived, for when compression becomes painful, even in the chronic stage, what must be its effect on a part still laboring under inflammation ? Compression is not so efficacious when the tumor is hard ; but when, under the influence of other means, softening once begins, when the subcutaneous cellular tissue appears merely infiltrated and œdematous, then its beneficial effects are best witnessed. But to produce all the advantage of which it is capable, we should know how to manage it



well, and hence it may be useful to speak a few words on the method of applying it. Like every other therapeutic agent, compression ought to be dosed (pardon the expression), if we would not depress or miss the object for which it is employed. To give you an analogy which every one will understand, the ophthalmic ointment of Desault often aggravates the inflammation of the edge of the eyelid, which, on the contrary, it appeases when mixed with three parts of cerate. In the same way, compression, moderately employed, answers very well in a case where a stronger compression would spoil everything, and *vice versa*. We distinguish five degrees, or, to employ the word that best expresses our idea, five *doses* of compression. The feeblest is represented by a simple bandage. In the second we add cones of agaric, two inches high, as a mean by which the tumor is covered, and which are maintained by circles of the bandage. If the tumors be moveable, as we sometimes see them on the sides of a joint, we surround the base of the tumor with a ring, more or less thick, of agaric, maintained by a bandage, and then apply in the centre the cone of agaric destined to act directly on the tumor.

The third dose is given with graduated compresses, which are harder than the agaric, and compress more firmly. A degree above this is obtained with splints, or pieces of metal enveloped in linen. Finally, the fifth and last degree is *malaxation*, which consists in kneading the tumor strongly until we have developed some pain, and then compressing it with cones of agaric. The next day, if the irritation persists, it is a proof that the vitality of the tissues has been awakened, and in most cases a notable diminution supervenes: we now have the amelioration go on tranquilly, and have again recourse to *malaxation*, when it comes to a stop.

As you may readily conceive, it is a matter of the highest importance to determine the exact degree of compression that should be employed. In general it is proper to commence with the lowest degree; we may afterwards augment it according to the effect produced. This precaution is peculiarly essential where we have to treat a joint recently attacked by inflammation, and where we fear to reproduce it. If, on the contrary, we have to combat one of those swellings hard as wood, which are met with most commonly about the wrist-joint as a consequence of external violence, we may commence with the fourth or fifth degree in the first instance. We have seen a tumor at least two inches in thickness, occupying the whole external side of the knee-joint, dissipated by *malaxation*; the other degrees of pressure, after having produced some trifling benefit, had remained altogether inefficacious. Whatever degree of pressure we may think fit to employ, it is necessary in all cases to roll a bandage from the point of the extremity up to the tumor, in order to avoid the infiltration which it would not otherwise fail to produce. The compression must not only bear upon the engorged points, but, on an average, should extend two inches above and below them; the vessels passing to the tumor are thus compressed, and the afflux of fluids is diminished. Finally, the compression should be renewed every twenty-four hours, both because this lapse of time is sufficient for the relaxation of the bandage, especially when the tumor diminishes, and also to give the part some repose, which feels more sensibly the effects of the remedy if suspended daily for about half an hour. The action of pressure, like other agents,

wears out, and at the end of a certain time it produces no effects ; we must then have recourse to other means. If, however, we are fortunate enough to have cured the tumor by pressure alone, we must still continue its use for some time, gradually diminishing the force, until we arrive at the simple circular bandage. The medicinal agent, properly so called, will furnish matter for a second lecture.—*Lancet*.

#### FOREIGN BODIES INTRODUCED INTO THE RECTUM.

A VERY interesting case of this kind has been recently reported by M. Thiandière, the leading particulars of which we shall select.

Isidore Chevais, aged 22, with the object of overcoming an obstinate constipation of the bowels, introduced into his rectum a forked oak stick of the following dimensions: the longer branch was five inches ; the other was three inches and a half in length, including the large end by which the two were united. At their point of union, they were separated by the space of an inch, while the greatest distance between them was two inches. The diameter of the branches was four lines ; that of the large end which united them, half an inch. It was introduced with the large end foremost, and when the shorter prong had entered the rectum, the individual made an effort to scoop out the indurated fæces. His efforts, however, proved unavailing, and he was compelled to desist on account of extreme pain. When he attempted to withdraw the wooden crotchet he found it impossible to succeed, and adopted the singular alternative of forcing the whole of it into the rectum, under the supposition that it would be consumed with the aliments. Tormented by horrible pains of the abdomen, difficulty of voiding urine, and great disturbance of the digestive function ; overwhelmed besides with despair, and not daring to apprise his parents of his situation, he lived in constant fear of taking food, betook himself to solitude, and anxiously hoped that the cause of his sufferings would be passed by stool. Finally vanquished by his torments, he determined to seek professional aid. M. Thiandière, on making an examination, readily detected the presence of the foreign body, but it was so high that he could barely touch its lower end with the tip of the index finger. He could neither ascertain its size nor the position it occupied in the intestine. He obtained satisfactory information from the patient relative to the first point, by requiring him to provide a second crotchet of the same kind, and ascertained from him besides, the direction in which it had been introduced. An attempt was first made to extract it by means of forceps passed up through a speculum, but finding that by this means the lower end of the long branch only could be reached, it was determined that it would be useless to attempt to extract it by seizing upon that. He was on the point of abandoning the patient to his fate, when the thought occurred to him to lay aside all instruments, and trust to the hand alone. After washing out the rectum by an enema, the patient was placed with his hands resting on a chair, his breech slightly elevated, and the legs separated. The fingers, previously oiled, were cautiously introduced one by one, until the whole entered the rectum, when passing the index finger forward, and using the

long branch of the crotchet as a conductor, he reached its point of union with the shorter one. He then searched for the position of the small branch, and succeeded, with some difficulty, by seizing it with the middle finger, and disengaging it from the fold of the rectum, in which it had become lodged. He finally managed, by passing his finger around the two prongs, to compress them towards each other, so as to include them in his hand, by which the rectum was protected from injury, and in this way succeeded in extracting it entire.

A second enema was thrown up, the ordinary precautions against inflammation enjoined, and the individual regained his health without suffering any other inconvenience than what was a necessary consequence of the preternatural dilatation of the rectum.

A surgeon who had been previously consulted in the case, proposed to divide the branches of the crotchet by means of strong cutting forceps; but M. Thiandière thinks the operation would have been impracticable.

Several cases have been recorded in which foreign bodies of various kinds have been introduced into the rectum, chiefly with the design of overcoming constipation. A monk introduced a bottle containing Hungary water, for this purpose, through the cork of which a small aperture was made, to allow the fluid to flow into the rectum. After using various means to extract it without success, it was finally withdrawn by the small hand of a child. Desault extracted a porcelain jelly cup, which had been introduced about eight days previously. It was of a conical shape, and about three inches in length. It was extracted by breaking it into fragments, and withdrawing the pieces separately. Saucerotte extracted a wooden peg, three inches long and two in diameter, by introducing the finger into the rectum to confine the foreign body, while the point of a sharp corkscrew was inserted into it. Forceps and other means had been before tried without success. Marchetti was called to extract a hog's tail which had been introduced with the large end foremost, the hairs having been previously slightly clipped, in order to render them more rigid and irritating. As they resisted all attempts to withdraw it, he provided a canula of the proper dimensions, and after having secured the end of the tail which projected from the anus by means of a strong waxed thread, he passed it through the instrument, and slid the latter upwards into the rectum so as to include the foreign body, which was thus easily extricated. M. Tuffet reports the case of an individual, who introduced a large snuff box of nearly a cylindrical shape, which was extricated with great difficulty. Notwithstanding this, the same person afterwards introduced a wooden goblet, which, as it could not be extracted, finally destroyed his life. The same gentleman reports the case of another individual, who introduced a wine glass into the rectum, which became broken and caused profuse hemorrhage; the fragments were extracted by means of forceps. On a subsequent occasion, he inserted a glass bottle, which occasioning great pain, the thought occurred to him to break it into fragments and extract the pieces. To accomplish this, he passed into the rectum the handle of a common fire shovel. Considerable hemorrhage followed; but the fragments were extracted, and no bad consequences ensued. A peasant who was affect-

ed with constipation of the bowels, attempted to remedy the evil by introducing a small stick into the rectum. It was carried up by the antiperistaltic motion of the intestine; but again descended, and was extracted by Scarpa, by means of forceps and a catheter containing a leaden stilette. A weaver, who had heard of suppositories for the relief of constipation, introduced his shuttle into the rectum, containing its roll of yarn.—*Bul. Gen. de Therapeutique*.—*N. A. Archives*.

## MEDICAL CASES.

FROM THE MEMOIRS OF JAMES JACKSON, JR. M.D.

### *Organic Disease of Stomach.*

JAN. 26, 1830.—Emmanuel Joseph, a Portuguese, æt. 44, entered the Massachusetts General Hospital on the 18th. He had formerly been a sailor, but for the last few years had worked on one of the wharves in the city, and was apparently a man of good habits. He had been well, according to his own account and that of his fellow-boarders, till within about three weeks; at that time, being troubled at his stomach, he took an antimonial emetic, which operated very severely; this he followed in a day or two with a cathartic of senna and salts. When he entered the hospital, he had a constant vomiting, without constipation, and some colic pains, not very severe. At the first visit, from his description of his sufferings, the physician suspected the existence of some organic disease of the stomach. He was treated with cathartics, which he did not for a time retain on his stomach; however, these with enemata were persevered in, and about the fifth day he was reported to have had copious discharges of an unequivocally fecal character. This had before been doubtful. Extreme thirst (he once drank his own urine), vomiting, distressing feeling about the epigastrium, and great coldness in these parts for the last few days at least, were the most prominent symptoms. The abdomen, instead of being distended, was much sunken and flat, and its parietes very rigid. Generally, there was great prostration of strength, great emaciation, very marked lividity of the skin, and a low feeble pulse, somewhat varying in frequency. Attempts were made to support and revive him from this state, with stimulants,—brandy, etc., but in vain. These seemed to alleviate his sufferings, by allaying somewhat his extreme thirst, and, in a degree, overcoming his acute sensations of internal coldness; but his disease was such as not to be *lived through*, and stimulants were of no avail.

#### Autopsy.

The abdomen only was opened. The mucous coat of the stomach was extremely corrugated, presenting a very peculiar aspect. The pyloric orifice was almost entirely obliterated; there being a scirrhus tumor, or scirrhus deposit, very hard and firm, between the mucous and peritoneal coats of this organ. The disease extended just to the commencement of the duodenum. Two spots within the mucous membrane were much reddened, very evidently in a state of inflammation; there was a small quantity of thick mucus, and a little purulent matter, upon the internal mucous surface of this tumor. In many parts of the

small intestines, in the cæcum, and, perhaps six inches up the colon, the mucous membrane was in a state of high inflammation, but in no part had it advanced to ulceration. This surface presented a very beautiful crimson color, such as I have never before seen; but this examination being made before the body was cold, much sooner after death than I had ever before witnessed, I cannot say how much it is to be attributed to that circumstance. The spleen was very small, not a third part its usual size.

*Remark.*—The circumstance of the long existence of this disease, which must have taken a long time for its formation, without any disturbance to the patient, is quite worthy of observation, although by no means new.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—In your editorial article of the current week, I perceive your pages are devoted to the consideration of Popular Lectures on Tight Lacing. As these lectures were delivered by a member of our own profession, the subject fairly falls within the province of a Medical and Surgical Journal, and, if properly discussed, must lead to conclusions of consequence both to our profession and to community. As I profess to feel something else than indifference towards both these classes, I beg leave to join you in the discussion, and, if possible, assist in coming to a correct position

ON THE EXPEDIENCY OF POPULAR LECTURES ON HEALTH BY PHYSICIANS.

The practice of physicians' delivering discourses on health to popular assemblies has two aspects: 1st. Would it increase the usefulness and respectability of the profession? 2d. Would it be a benefit to the public?

On the first of these questions, it seems difficult to ascertain what is the opinion of medical men through the country. For, what medium have physicians of knowing the general opinion of their brethren? They never migrate—never intervisit. Lawyers have their courts; and there they have free and unlimited intercourse. Daily contact for several weeks in a year at the same table or on the same public arena of debate would not merely assimilate our brethren in sentiment, but remove jealousy, explain misunderstandings and soften many hostile feelings. But the medical practitioner can neither attend courts nor prolonged conventions; but must forego all intercourse abroad, and submit to spend his life at home with as good a grace as possible. Can he correspond by letter? Everything prevents it. Can monthly or quarterly journals assimilate us in sentiment? In some measure they undoubtedly have done. But how slow the approximation of opinions that are exchanged through journals once in two or six months. Your own weekly Journal, Mr. Editor, offers the best medium that I know of, though a very imperfect one, of becoming acquainted on what may be called matters of taste and propriety in our profession.

But I leave this digression. It appears to me highly probable that

many of our members believe that our respectability has not been increased by the attempts that have hitherto been made to enlighten the public in the principles of hygiene by oral communications. In this sentiment, there can be no doubt you fully concur, from the very unambiguous nature of your late remarks respecting a gentleman who stands high in the medical ranks of New England.

Whether this belief is founded on fact or prejudice, it has not come into existence without cause. For, Sir, there is not a man in the community who is more completely chained to his post by a continuity of varying causes, known only to the physician, than the medical man. Human life is too precious to be intrusted to the management of one who has not already demonstrated his capacities by the bedside of the sick. This is right in our employers, and is as we should do. Hence every man who has gone through the gradations of his profession and secured the confidence of his employers, has too feeling a remembrance of the toils and mortifications by which he reached the post, to relinquish it for a condition which, in its nature, has any contingency.

In pursuing his own vocation he has lost that versatility which is indispensable, in this bustling age, to fit him for another : and this explains, Mr. Editor, why we so often hear physicians groaning over the miseries of their calling without the energy to decide on another. Is it not notorious that the stream on which we have embarked is very sure, notwithstanding its eddies, currents or counter-currents, to keep all the craft on its bosom till the employments of time have ceased !

This being the case, when a physician comes into our city or village, and proposes to enlighten our employers on the subject of health, is not such the *misery* of our profession that we set him down at once as a man out of business at home, an unlucky comet wandering from his orbit ? In this prejudice, for we can call it nothing else, we are confirmed by the character of such as have hitherto made their appearance among us, particularly those from the other side of the Atlantic. And it certainly *does* need some degree of disinterestedness to welcome the stranger who has come to teach our friends how they may learn to live more independently of our assistance. From these and other considerations which time does not permit me to notice, there may have arisen a somewhat general impression among us, that it is disreputable for one of our number to appear in public as a lecturer even on a subject connected with his own profession.

I have been led to trace this analysis of my own feelings, Sir, and possibly of yours and many others, by the very pointed reprehensions, in your last number, of a gentleman whose influence both among the physicians and literati of N. England I have supposed to be great. Sure I am that the conductor of a medical journal would not have taken a stand so decided not only against the *business* but the *agent* of giving popular lectures on health, without a deep conviction that evil of serious moment was pending against the profession. This alone would appear to be a valid reason in a periodical addressed only to medical men. The question, then, returns—does the practice of delivering addresses on health to promiscuous audiences promise good or evil to our fraternity ? Evil, and only evil—I answer, if it diminishes either our usefulness or respect-

stability among our fellow citizens. But if it is calculated to enhance our character and influence generally, we must, whatever be our notions of taste, propriety or usefulness, give up our prejudices and cheerfully co-operate in the double work of advancing both the interest of ourselves and of the public. I therefore merge the first inquiry above proposed in the second, and ask whether it will prove of *public benefit* for some members of our fraternity occasionally to step out of the common routine of his engagements, and endeavor to correct abuses with regard to health and life into which the community may have fallen?

As to lectures on matters of science, there is now but one opinion. The man who should oppose these, whether on geology, history, school-keeping, astronomy, phrenology or anti-phrenology—from the village lyceum up to the university—would not obtain a moment's hearing in any company. The most brilliant talents in Europe and America are enlisted to instruct the middling and lower classes in the sciences and useful arts. Even impregnable China is about to receive printed communications on these subjects from British and American philosophers.

Professor Silliman, of Yale College, you know, has received unbounded eclat and commendation for his popular illustrations of geology, in Hartford, Salem, Lowell, and, if I mistake not, in Boston. He received, too, I presume, a solid compensation as he richly deserved, and no imputation was made, at least here, of "any selfishness in taking the humble pittance of *twenty-five cents a head*." But what is there in the nature of things why a parent should not pay this pittance for himself and family to learn how to avoid exposing his children to future pain and suffering in their physical education, as well as for himself and them to learn what is contained in the bowels of the earth! Indeed, Sir, it strikes me with amazement that the public have been so supine on this subject. I know full well that I do not speak invidiously when I say the style both of the language and of the diagrams, by which the professor of geology illustrated his subject, cannot be surpassed in this country. But what are the minerals beneath our feet in comparison to the attainment of health and beauty by our daughters who, in a few years, are to entail their diseases upon a coming generation! And is it not wonderful that when a respected professor in medicine is willing to come forth—perchance against the known prejudices of his brethren—and in a popular manner hold up to public view the evils of a single custom in fashionable life—evils which are acknowledged by yourself and every medical man—that we should allow ourselves to speak of his performances as "itinerant doings," "undignified efforts alike degrading to the individual and to the profession at large"; and even intimate that they must originate from "a hankering for notoriety" or "the fee of two York shillings"? Let us, I beg of you, reconsider the ground of our proceeding; and, if the medical lecturer stands on ground as tenable as that of other itinerant lecturers, let us have the manliness and ingenuousness frankly to extend an equal hand of support.

But you say "there can be no possible objection to furnishing females with physiological works in which they may study their own organization." Very true. And if this is all the better half of creation are entitled to, and all we, doctors, will allow them peaceably to have, then let us pro-

scribe all popular exhibitions of geology, history, phrenology, &c. and shut them up at home.

But it is said "females will not regard the admonitions of physicians ; and to lecture to ladies assembled expressly for that purpose is labor thrown away." I have seen too much of the despotism of fashion to deny that there is much force in this declaration. But could you go with me, Mr. Editor, and call on some dozen or twenty matrons in this city, you would find a very pleasing exception to your remark in the reformed dress of themselves and daughters, and this the acknowledged effect of a single lecture last January on tight lacing. I say this from recent inquiry, and omit all mention of the hundreds whose dress has been modified in a minor degree.

"But is it possible there can be any inordinate degree of hankering for notoriety—or a desire to be classed with those who go about doing good for goodness' sake ?" Whether the gentleman's hankering for notoriety be "inordinate," I cannot possibly decide, as I never had the pleasure of seeing him but once during part of a day he spent here last winter. But that he desires to do good either at home or abroad, I verily believe ; and if, in prosecuting this desire, he meets with notoriety even at the hands of journalists, I doubt not he will receive it very much as other gentlemen would of his qualities of head and heart. But suppose that you or I were already familiar with lecturing on anatomy, and should imbibe a deep and settled conviction, and one from which we could not escape, that the tyranny of fashion was inflicting evils of painful magnitude upon the other sex—evils of which they could not in general be fully conscious, and that anatomical apparatus and diagrams were exactly calculated to illustrate those evils and awake their victims to an adequate sense of their danger—the question is, what should *we* do ?

To leave our own fire-side and the endearments of home for a life of wandering, might not appear so inviting. And the critics ! the critics—what would they say ? And the coldness and distrust of our brethren, which we might possibly encounter, how could we bear them ? And besides, could we not do more good by attending, in the common routine of our engagements, to individual cases of suffering ? By reasonings of this nature we might silence both our hankerings for notoriety and desires to do good—unless, perchance, those desires were bottomed upon an unshaken conviction of an accountability hereafter. In that case, Sir, we might, like Howard, break away from the common walks of benevolence and dare to be singular.

But, after all, this custom is not so singular. It has been the practice of physicians in Connecticut for several years to go into neighboring towns and collect people "by hundreds into churches and town halls—misses, maids and matrons, old men and boys," and deliver addresses upon the physical and moral effects of alcohol. Six or eight years ago, I had the pleasure to hear in one of the churches in this city a distinguished medical gentleman from a neighboring town—whom your State has since taken from us, whom your columns and your pen have highly and justly commended, and who is a useful contributor to your pages over the signature of W.—on the wretched consequences of alcohol, and I love to think of the good he accomplished among us. Dr. Silas Ful-



ler, who now stands at the head of the Connecticut Retreat for the Insane, and who has reached his present elevation by the general approbation of his brethren after many years of toil and clinical observation, has done the same thing in neighboring towns. Many other physicians in this State have delivered addresses on this subject so intimately connected with health. I could name to you, had I not already engrossed too much of your paper, a number of distinguished medical men in other States, and among them several professors, who have lent their example to this practice of giving popular lectures on the effects of alcohol upon health. It seems therefore too late to call this a "newly broached plan," unless the novelty be predicated of those injuries to public health only which may be illustrated by reference to anatomy.

One objection more and I have done. "The essential evils to which the female is predisposed, having their actual origin in the voluntary distortion she induces by habitually lacing her body in stays, cannot be mentioned—no, nor even adverted to by a well-bred professional gentleman, without forfeiting all claims to modesty and offending those for whom he pretends to be laboring." This objection is indeed a grave one, and, if true, must speedily exclude the lecturer from all access to the well-bred people of New England. But, Sir, I do hope, and must believe, that your objection was founded on speculation in your own editorial chair, and not from actual observation. I cannot of course vouch for the delicacy with which the gentleman has managed his lectures at the north. But in Hartford and New York, if we can judge either from numbers or respectability, or the testimony of many editors, he by no means forfeited all claims to modesty or gave offence to his hearers. Although there was very short and defective notice in this place, a large lecture room was filled with gentlemen and ladies, to say the least as respectable as the city affords. I remember he had diagrams and a model of the thorax. This model was held up to view, and the mechanism of motion, respiration and arterial circulation demonstrated to the comprehension of every child. I remember, too, for I sat in front of the audience, the very deep and visible impression of horror that was made throughout the room, when the ligature was placed fast upon the lower part of the thorax, and the motions of respiration attempted with the embarrassment of this broad ribbon acting as a real corset. I remember the universal applause—uncommon in this city—which the lecturer received, and not a word respecting any indelicacy did I ever hear till it appeared in the Journal. He received, on leaving the city next morning, a voluntary testimonial from three of our oldest physicians, who were so fortunate as to get notice of the lecture, to the favorable tendency of his performances. Since the remarks in your last number, I have conversed with four or five gentlemen and ladies of this city, all of whom, I may safely say, are known by their writings both in this country and in Europe, who with one consent confirmed my own impressions respecting the delicacy and strict propriety of the lecture.

But if a lecturer on the female thorax commits necessarily an unpardonable breach of delicacy and decorum, what shall be said of the professor of anatomy in New Haven, who has given—not one or two lectures on the thorax—but a *course* of popular lectures on anatomy to a crowded

house of gentlemen and ladies ! If one lecture on the human chest subjects a well-bred, professional gentleman to a forfeiture of all claims to modesty, what shall we do with the New Haven professor, and what with his audience, who belong to one of the most intelligent and refined cities of our country ? As the Yankees have been derided on the other side of the water for their prudery, and knowing as I could not fail to do the supposed difficulty there has been here of introducing these subjects to mixed audiences, I inquired with much interest of the intelligent and refined lady who gave me the information and who attended the course, whether anything occurred in the series of his demonstrations repugnant to strict delicacy or propriety ? Knowing, as I have the pleasure to do, the scrupulous regard paid to decorum by this gentleman in his own theatre in the medical college, I was fully ready to accredit her testimony to the happy combination of science and taste displayed in the course.

And I must acknowledge that I did feel much obliged to this gentleman, who by the way contrives to carry on an extensive practice while he lends his hand to the promotion of academical and popular science, that he had successfully taken the lead in the popular illustrations of a study so intimately associated with the welfare of our female seminaries, our daughters and our whole country. I do most honestly believe that this gentleman and the one alluded to in your last number are both adding, by these popular addresses, to the solid reputation of their brethren, and I cannot but hope and wish that they and others who may be qualified will continue to diffuse in every suitable manner, the knowledge of the human body in schools and in popular assemblies, till our sons and daughters shall learn something of their own frames and of the thousand evils that may beset them from the tyranny of fashion and the perversions of taste.

M. L. NORTH.

*Hartford, July 6, 1835.*

## BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 15, 1835.

### NEW MEDICINAL PROPERTIES IN PLANTS.

DR. TURNBULL, of London, considers that he has detected a new and hitherto unsuspected class of medicinal properties in several plants belonging to the natural orders *colchicaceæ* and *ranunculaceæ*, but more particularly in the *aconitum napellus*, and its active principle aconitine. This latter article is recommended in tic douloureux, and also in gout and rheumatic affections, either in the form of an embrocation, made by dissolving one or more grains in a drachm of alcohol, or in the following ointment :—

R. Aconitinæ, gr. ij.

Alcohol, gtt. vj. terre optime ; et adde Axung. 3i. ut fiat unguent.

The best manner of applying this preparation, is to rub a small portion

of the ointment over the seat of pain till it is wholly removed, or till some effect is produced on the cutaneous nerves.

*Poison from the Sea Blister.*—It was during the first voyage of the *Princess Louisa* round the world, that in the neighborhood of the equator a particularly large and beautiful sea-blister (*Physalia pelagica*), commonly called Portuguese man-of-war, passed the ship; a young sailor, of distinguished courage and great hardihood, sprang naked into the sea to catch the animal; he drew near to and seized it, when instantly the creature grasped the naked body of the swimmer with its three-feet-long suckers. The young man, extremely frightened, probably also feeling at the same time the burning pain over his whole body, cried for help, and was just able to reach the side of the ship to be drawn up. The animal was torn from him, and his skin rubbed clean, but the pain and cutaneous inflammation became so violent, that a fever, accompanied by delirium, followed, and doubts were entertained of his recovery. The young man, saved for once, did not evade his destiny; grown too bold from hardihood, he afterwards fell from the mast, and found a wretched death.

*Dr. Meyen's Voyage round the World.*

*Popular Medical Essays.*—The publishers of the Philadelphia Saturday Courier, among other premiums offered in their last number, give notice that \$100 dollars will be paid for the "best series of familiar and popular Medical Essays, not exceeding thirteen in number, on the prevention and cure of diseases and the promotion and preservation of health; and, as connected with so important a subject, the evils arising from ignorance, error and quackery."

*Effects of Excessive Spirit drinking.*—On comparing my own observations, says Dr. Willan, with the bills of mortality, I am convinced that considerably more than 1-8th of all the deaths which take place in persons above twenty years old, happen prematurely through excess in drinking.—Mr. Colquhoun has asserted that in the metropolis £3,000,000 are every year run through in the shape of beer and spirits, out of five hundred ale-houses.

*Vicarious Menstruation by the Lungs.*—N——, aged 32 years, fell into a pond, two years ago, when menstruating; the menses were immediately suppressed, and a copious hæmoptysis supplied the place of them, and became strictly periodical. Fifteen months ago she became pregnant, and during the whole of her pregnancy, during her confinement, and all the time of suckling, no spitting of blood occurred; but immediately on her weaning the child it returned.—*Hufeland's Journ.*—*N. Amer. Arch.*

TO CORRESPONDENTS.—The Remarks upon Febrile and other Diseases will be inserted next week.

DIED.—Dr. Thomas C. James, late Professor in the Medical Department of the University of Pennsylvania, aged 70.

Whole number of deaths in Boston for the week ending July 11, 23. Males, 14—Females, 9.  
Of erysipelas, 1—debility, 1—intemperance, 1—typhous fever, 4—measles, 1—bleeding at the lungs, 1—consumption, 2—teething, 1—child-bed, 1—fits, 1—jaundice, 1—lung fever, 1—infantile, 2—ulcers on the lungs, 1—sudden, 1—diarrhœa, 1—accidental, 1—cancer, 1. Stillborn, 2.

### BERKSHIRE MEDICAL INSTITUTION.

THE Annual Course of Lectures for 1835 will commence the last Thursday in August, and continue fourteen weeks.

H. H. CHILDS, M.D. *Theory and Practice of Medicine and Obstetrics.*  
 E. BARTLETT, M.D. *Pathological Anatomy and Materia Medica.*  
 C. DAWSON, M.D. *Botany, Chemistry and Natural Philosophy.*  
 W. PARKER, M.D. *Anatomy, Surgery and Physiology.*  
 JOHN FRISSELL, A.M. *Demonstrator of Anatomy.*

The Trustees of the Berkshire Medical Institution, in issuing their annual Circular, believe themselves justified in promising to those young men, whose local situation or whose personal predilections may lead them to a connection with the School, a course of public instruction as thorough, efficient and practical, as can be enjoyed at any of our various medical establishments. To the branches heretofore taught, which have been the same as in other American Medical Schools, arrangements have been made for the addition of a course of Lectures on PATHOLOGICAL ANATOMY, to be illustrated by morbid specimens and by an extensive series of colored representations of diseased structures.

By legalizing the study of Anatomy, the Legislature of Massachusetts has furnished its Schools with superior advantages for Practical Anatomy. It has also, by this provision, most effectually guarded the sepulchres of the dead against all violation.

Fellows of the Massachusetts Medical Society, and those who have received the degree of M.D. are admitted gratuitously to the Lectures. The degree of M.D. is conferred at the annual Commencement of the Institution and at the Commencement of Williams College. The requisitions for the degree of Doctor in Medicine, are—three full years study under a regular practitioner, attendance on two full courses of Medical Lectures in regularly established Medical Institutions, an adequate knowledge of the Latin language, and a good moral character.

Fee for the whole course of Lectures is \$50; those who have already attended two full courses at an incorporated Medical School, pay \$10. Graduation, \$12. Board, including room rent, washing and lodging, \$1 75 per week.

In one week after the close of the Public Lectures, commences the winter Reading Term, which continues 12 weeks, and is devoted to Practical Anatomy, the Principles and Practice of Surgery, and Obstetrics.

Pittsfield, July 1, 1835.

By order of the Trustees,  
 C. DEWEY, *Secretary pro tem.*

NOTE.—The following authors are recommended to be used by the students during the Lecture Term. On *Anatomy*, C. Bell, Horner, Cloquet, and Wistar. *Surgery*, S. Cooper, W. Gibson, and Sir A. Cooper's works. *Practice and Theory*, Gregory, Good, Eberle, and Dewees. *Obstetrics*, J. Burns, Dewees, and London Practice. *Materia Medica and Medical Jurisprudence*, Beck, Chapman and Eberle. *Chemistry*, Brande, Turner and Beck.

July 15—3t

### PHILOSOPHICAL APPARATUS.

JOSEPH BROWN, of the late firm of BROWN & PEIRCE, 87 Washington Street, up stairs, manufactures and keeps constantly for sale, a large variety of apparatus, illustrative of the different departments of science, as Mechanics, Hydrostatics, Pneumatics, Electricity, Galvanism, Magnetism; Optics or Models of the Eye, and Acoustics or Models of the Ear, two beautiful pieces of apparatus (devised by J. V. C. SMITH, M.D.), of great worth to the medical student and anatomical lecturer. All the above articles are manufactured of the best of materials, and in a thorough manner.

Models of the Eye and Ear may be seen at the office of the Medical Journal.

Boston, May 6, 1835.

3t.

### MEDICAL AND SURGICAL EDUCATION.

THE subscriber continues to receive medical pupils at the United States Marine Hospital, Chelsea, and to offer them the following advantages.

The institution at present contains seventy beds: all of which are occupied during the autumn and winter by the subjects, both of medical and surgical treatment. The number of patients in the spring and summer is rather less. The average number daily, throughout the last year, was between fifty-five and sixty. The number is annually increasing. A greater variety of disease is thus presented, than is to be found in those hospitals exclusively appropriated to the poor of any city.

The students have unrestrained access to these cases during all hours: as also to the extensive apothecary shop connected with the establishment.

A valuable medical library is offered for their use.

Facilities for the cultivation of demonstrative anatomy, are afforded through the winter.

The students are provided with a suitable apartment in the hospital, which is furnished with fuel and lights, without charge.

Fees, \$50 a year.

Board may be procured in the vicinity of the hospital, at from \$2.50 to \$3.00 per week.

Boston, April 21, 1835.

(April 22.—tr.)

C. H. STEDMAN.

### PHILOSOPHICAL AND ASTRONOMICAL APPARATUS.

N. B. CHAMBERLAIN, No. 9 School St. Boston, manufactures Philosophical, Astronomical, Pneumatic, Hydrostatic, and Electrical Apparatus, Mechanical Powers, &c. of beautiful workmanship, designed for Lecture Rooms and public instruction in Schools, Academies and Colleges. Portable models of the Steam Engine, put in motion by a spirit lamp, afforded at a very reasonable rate, can be obtained at any time, by addressing the advertiser by mail.

Boston, February 4, 1835.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy, *gratis*.—Postage the same as for a newspaper.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. XII.]

WEDNESDAY, JULY 22, 1835.

[NO. 24.]

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## NOTES ON THE HISTORY AND PATHOLOGY OF SCARLATINA.

BY CHARLES A. LEE, M.D. NEW YORK.

**HISTORY.**—It has been asserted by a majority of medical writers, that scarlet fever is a disease of modern origin. Of the correctness of this opinion, however, we may well entertain a doubt. We find, in the most ancient medical records, allusions to fevers, attended with various cutaneous eruptions and appearances, which, though not in all cases minutely described, are yet sufficiently so to verify the existence of several diseases now claimed as of modern date.

From the time of Celsus, the history of scarlet fever, as well as all other diseases, is involved in obscurity, and we explore the darkness in vain for lights to illumine our path and direct our footsteps. In 1610 *scarlatina* prevailed epidemically in Spain, from whence it was believed to have spread to Italy, where it derived its name, *scarlatto*. In 1689 it appeared in London, and was minutely described by Dr. Morton. Sydenham, in his work on acute diseases, published in 1680, describes the simple scarlet fever in such a manner, that it is evident this was the only form of the disease then prevalent. He remarks, "The scarlet fever, though it may happen at any time, yet it most commonly comes at the latter end of summer; at which time it seizes whole families, but especially children. At the beginning they shake and shiver, as in other fevers, but they are not very sick; and afterwards the skin is spotted with small red spots: they are more frequent, and much larger and redder, but not so uniform as those of the measles; they continue two or three days and then vanish; after which some scales, like bran, are sprinkled over the body, and these scales come and go successively twice or thrice." He then gives directions for the treatment of this "name of a disease," as he terms it; from all which it appears, that he was only acquainted with the simple variety of the disease.

Dr. Withering has left us a very complete history of the disease, as it appeared in his time; though, like Cullen and Fohergill, he fell into the nosological error of making malignant *scarlatina* a species of *cynanche*, characterized by symptoms of debility and putridity, and an absence of all eruption. Dr. Clarke, who wrote a history of the disease, as it prevailed at Newcastle in 1778, contended for their identity, and establishes, beyond controversy, that they are the same disease, owing their origin to the same cause, and communicated by the same specific contagion.

In this country the scarlet fever has prevailed at different times since its first settlement, and occasionally with very great mortality. In the year 1735 it spread extensively over New England, as well as over the

middle States, and thousands of children and many adults fell victims to it. In 1784 it again appeared, and spread over the larger portion of the northern States ; since which time till the present it has prevailed in different sections of the country, either sporadically or epidemically, and assuming various grades of severity. From the year 1780 to 1800, scarlatina existed epidemically in this city, and in some seasons was very fatal. As there was no correct record of deaths kept in New York, anterior to 1800, it is difficult to ascertain the exact degree of mortality from any disease : but from the older practitioners, it appears to have been as fatal as at any period since. For several years anterior to 1817, the city inspector's returns contain no deaths from this disease. Consumption and typhous fever were the grand outlets of human life ; and while the triumphs of the former have been increasing, from year to year, those of the latter have been still more rapidly diminishing, till at the present it is no longer dreaded.

It may be remarked, that the winter of 1834 was mild, and especially the months of January and February, in which occurred an unusually large number of deaths. Thermometrical and barometrical tables, however, throw but little light on the prevalence of this, as well as many other diseases ; and from a long and attentive examination of the subject, I cannot ascertain that the sensible atmospheric variations have any considerable influence on the disease. In fact, the laws by which it is controlled are absolutely unknown to us, and probably will ever remain so. During the past winter the disease has proved much less fatal.

*Etiology.*—The etiology of scarlet fever, like that of all epidemic disorders, is involved in much mystery. Medical philosophers have indulged in much speculation on the subject, but after all, have left it where they found it. It is a pretty general opinion that the disease arises from a specific contagion, and is either generated in the atmosphere itself, or from a miasm emanating from the bodies of the sick. Some believe it to spring from a peculiar, epidemic constitution of the air, or an atmospheric temperament, predisposing all who inhale it to a common inorbid affection, or exposure to certain exciting causes. We have no satisfactory proof that the disease arises from any miasm, *sui generis*, generated in the air ; but that it is caused by emanations from the bodies of the sick, and favored in its spread by some unknown atmospheric temperament, there can remain but little doubt. Dr. Percival, in his commentary on Good's Nosology, speaks of scarlatina as having been imported into Dublin in a box, containing children's toys from London, and remarks, " I have traced the progress of contagion from England, and believe it loses something of its malignancy by the way." Dr. Good observes, " that rosalia (scarlatina), under every form, is contagious, and sometimes epidemic, is now admitted, without a question." Some of our popular American authors express a doubt of its contagiousness, while at the same time they caution us, as the safest course, to act in the belief that it is communicable. I shall detail a few facts, and leave the inference to be drawn by the reader. I am aware this is a point on which *mathematical demonstration* is not to be expected.

A few months since, an aged lady of sixty or upwards, watched one night with a grand child, sick of malignant scarlatina—she held the child

much in her arms and received the breath in her face—she returned home soon after the death of the child, which happened the next day, and the succeeding night was herself taken with a chill, vomiting, &c. She had a very severe attack of the disease, with much affection of the throat and skin, and on recovering, the nails of her fingers and toes all came off. She lived about one mile from her son-in-law, and believes she caught the complaint by holding the child in her arms.

About six weeks ago, a little girl sickened with scarlet fever in a family where there were three other children. After the eruption had appeared, it was thought proper by the parents to have the other children removed from the house, although they had been much exposed in the sick room. They were accordingly sent to different places, from half a mile to a mile distant. In about a week from the time of removal, one of them sickened; the next day another, and the same day the third, and all had a severe attack, but recovered.

I can call to mind four instances, which I have witnessed the past winter, in which the mother sickened with the disease, after having attended one or more of her children with the same complaint, when the other adult members of the family escaped.

As to the vexed question, whether scarlet fever occurs twice in the same subject, my own observations compel me to adopt the affirmative. I have treated several well-marked cases of second attack, in which there could be no doubt of the identity of the disease; one of which I attended lately, and will relate.—I. S., aged 13, had a severe attack three years ago, and was attended by the late Dr. Quackenbush; his mother described his throat as being very sore, and his skin as red as a "lobster's shell," to use her own expression. A few weeks since I was called to visit him, and found him with inflamed tonsils, headache, nausea, &c. The next day the efflorescence appeared, and he went through a regular course of the disease. Other similar instances could be given. The fact, however, seems sufficiently well established, that though the susceptibility of the disease is to a considerable extent weakened by one attack, it is not eradicated, as may perhaps be said with respect to smallpox and measles.

Like other epidemic diseases, scarlatina is aided in its extension by various contingent circumstances, the most important of which are, atmospheric vicissitudes, impure air, innutritious food; and in adults, anxiety of mind, watching, &c. Children of the wealthy, who are brought up with delicacy, and are housed with particular care, lest "the winds of heaven may visit them too roughly," and those of the extreme poor, who suffer from cold and hunger, and sleep in filthy, ill-ventilated and crowded apartments, seem to be nearly equally exposed to this disease.

*Pathology.*—Scarlatina has been so long considered and treated as an essential fever, in which the inflammatory affection of the throat bears to it the same relation as buboes do to the plague, that I expect to be charged with heresy, or *medical schism*, if I undertake to controvert this opinion; but believing, as I conscientiously do, that this doctrine, though sustained by high authority and illustrious names, is founded in error, and leads to vacillating and improper treatment, I shall present a few considerations, which ought to influence our minds to a greater or less extent, in coming to a correct position.

In all cases of scarlet fever, as far as I have observed, there is, at an early period, an inflammatory affection of the mucous membrane of the mouth and fauces, involving the œsophagus, stomach, and occasionally the trachea. When first called to a patient in this disease, long before the efflorescence has appeared, or even re-action has taken place, we find the papillæ of the tongue red, swollen, and projecting through the white fur, while the whole lining of the mouth and fauces is preternaturally red and sensible. The tonsils are enlarged and intensely red; swallowing and deglutition are performed with difficulty; while the gastric irritability and tenderness on pressure at the epigastrium, prove that this hyperæmia is not confined to the upper portion of the mucous membrane. This derangement of the circulation appears to be the first link in the morbid chain, and the subsequent phenomena, as they successively manifest themselves, owe their character to the nature and intensity of the primitive affection.

The existence of a direct sympathy between the skin and mucous surfaces, is so generally acknowledged, as hardly to need illustration. Daily observation shows, that when one is excited to inordinate action, the other takes on the same excitement; and again, when one falls below the healthy standard of vitality, the same relaxation occurs in the other. Various phenomena illustrate this connection; such as the pimples and blotches on the face of the drunkard; the parched and shrivelled skin of the dyspeptic; eruptions caused by poisonous ingesta, especially some species of shell-fish. Begin observes—"The skin is connected with the alimentary canal by such close sympathies, that its inflammations are most generally the result of gastro-intestinal excitements. In the acute stage, the eruptions accompanying scarlatina, rubeola, variola, varicella, are constantly preceded by an inflammation of the digestive canal: and in the chronic stage, herpetic, and other kind of eruptions, as well as deep erosions of the skin, are under the influence of the same affection. In the gastro-enteritis, the heat, dryness and acrimony of the skin, are in a direct ratio with the intensity of the irritation, and with its effects on the organism."

In the exanthematous fevers, especially smallpox and measles, the phenomena manifested during life, as well as the autopsic appearances, prove the existence of inflammatory engorgements of the internal mucous membranes. That evidence of this does not always appear after death, does not by any means disprove the fact, for as the scarlet efflorescence from the sanguinolent injection of the external vascular reticulated tissue vanishes soon after the cessation of life, so we may safely conclude that a similar change occurs in the internal capillary system. This opinion is confirmed by the very able report of cases of variola, drawn up by Dr. Geirhard, of Philadelphia, witnessed in the *Hôpital des Enfants Malades* of Paris, published in the twenty-second number of the *American Journal*.

Though serious vestiges of disease were not always witnessed in the mucous membrane, yet the arborizations, softenings, discolorations, &c. frequently met with, show very conclusively that the deviations from the healthy structure in this tissue, were neither accidental nor trifling.

From observation and autopsic results, we arrive then at the conclusion, that the essential phenomena of scarlet fever are dependent on an



erythmoid inflammation of the mucous membrane of the upper extremity, principally of the digestive tube, and propagated by sympathy to the external tegumentary tissue. In *simple* scarlet fever, this inflammation is less intense, and from the slight disturbance of the circulatory system, re-action is speedily established, and the whole reticulated tissue of the skin becomes injected. In the *anginose* variety, there is a higher grade of inflammatory action in the same structure, manifested by greater disturbance of the vital functions, and often terminating in serious lesions of some important organs. Unless such lesions early occur, the capillaries of the skin become injected, and we have the same efflorescence as in the simple form of the disease. In this form of scarlatina, the inflammation, after attacking the tonsils, &c. often extends to the submaxillary and parotid glands, which either suppurate, or remain a long time indurated and swollen. In the *malignant* scarlet fever, as it is termed, we have a still more intense degree of inflammation rapidly terminating in ulceration, and, unless speedily arrested, in death. Those pathologists who consider this disease an essential fever, and the throat affection an accidental circumstance, object, that the constitutional disturbance is not always proportioned to the degree of local disease. To this we might reply, by referring to other disorders, where the cause, as well as the original lesion, are alike trivial, when compared with the magnitude of the result. For example : tetanus from the prick of a needle ; hydrophobia from the bite of a rabid animal ; pain from a decayed tooth ; fainting from the sight of certain objects ; and death from a moderate blow over the epigastrium, &c. Besides, much is to be allowed for constitutional differences. In a person of irritable temperament and delicate constitution, an irritation, which in one of an opposite character would induce a train of symptoms of a mild nature, often proves fatal.

If we suppose the specific poison which gives rise to scarlatina to be introduced by the stomach into the system, it should, like other poisons, first occasion irritation of the gastric passages ; all the sympathies which connect this important organ with the other viscera are awakened, producing pain in the head, accelerated action of the heart, dry and burning skin, suspension of the secretions, terminating, in favorable cases, in a depurating process to eliminate the noxious cause, by stool, urine, perspiration, or salivation. When the action of the morbid cause is moderate, we actually see such critical discharges within from twelve to forty-eight hours ; if more severe, the contest is often protracted and uncertain. But it has been found by actual experiment, that it is not necessary that the first impression be made upon the gastro-intestinal mucous membrane ; the same phenomena will result, if the specific poison be introduced by absorption from the skin, or through the medium of the lungs. Magendie and Orfila have both established this fact, by throwing different substances into the veins, and injecting them into the cellular tissue. Broussais remarks—" It is always by an irritation primarily developed on the *digestive surface*, propagated to the brain, and to the apparatus of ganglionic nerves, and accompanied by the most usual symptoms of gastro-enteritis, that nature prepares the depurative evacuations, by means of which the elimination of foreign unassimilated bodies is accomplished.—*United States Medical and Surgical Journal, abridged.*

## OBSERVATIONS ON THE DISEASES OF PRINTERS.

BY M. CHEVALLIER.

A GREAT number of philanthropists and medical writers have bestowed considerable attention on the diseases by which the working classes are afflicted ; but when we read the works which are specially dedicated to this branch of medicine, we cannot help being convinced that many have been written with a spirit of exaggeration which almost renders them useless, while others are founded upon facts too carelessly compiled, or not sufficiently numerous.

Thus, if we consult the otherwise excellent work of Mr. Thackrah, we find the diseases to which printers are liable (p. 42) despatched in a few words, and the term of fifty years assigned as the maximum of longevity for compositors, although it is notorious that many of them reach sixty, seventy, or even eighty years of age.

It is only by having recourse to the workmen themselves or their employers that we can expect to verify the assertions contained in authors. Such has been the method pursued by M. Chevallier ; without being discouraged by the unsuccessful efforts of those who preceded him, he obtained at length about 33 written answers to 400 letters which he addressed to the different master-printers of Paris. He also examined verbally a great number of workmen, apprentices, &c., and from these two sources drew the materials which compose the essay now before us.

If we are to believe authors, the profession of printer is unhealthy, 1st, as the workmen are subject to painter's colic and paralysis ; 2dly, as determining various other diseases. After a minute and very laborious investigation into the different assertions put forth by writers upon this subject, M. Chevallier concludes that the profession of printers is by no means so unhealthy as has generally been imagined. The eyesight of the compositor is very often injured, and many of them are compelled to wear spectacles at the age of 45 ; but amaurosis only attacks them accidentally. As to the question whether printers are subject to attacks of colica pictorum, the answers obtained by M. Chevallier were contradictory : thus, twelve master printers averred not having observed colic of this description ; however, a still greater number attested the existence of this disease in their workshops, and the accounts given by the compositors themselves left little doubt on the subject.

The colic which attacks printers depends in all probability on the introduction of a metallic oxide into the economy ; the dust of the press-rooms contains a quantity of this metallic powder, and it is a curious circumstance, confirmed by a great number of witnesses, that it is almost impossible to rear up cats in these establishments. The prevalence of painter's colic, however, is much less extensive now than formerly, from a difference in the composition of the characters, and from a greater cleanliness of the workmen. Are printers subject to diseases of the chest ? This question has been examined with great care by the author, who concludes that printers are not more subject to pectoral disease than any other class of workmen : cases of paralysis are also rare, and chiefly observed in the old or intemperate workmen. In a word, if

we are to take the evidence given by the masters, a working printer who is sober, and of steady habits, is not subject to any disease that can be attributed to the profession which he exercises.

Mr. Thackrah, in his work on the diseases of mechanics, &c., gives it as his opinion that scarcely a single printer can be found beyond the age of 50. This may be the case in the large towns of England, but it is not applicable to Paris. In twenty-three printing-offices the ages of the workmen were examined by M. Chevallier; in twenty the ages varied from that of the apprentices up to fifty, sixty, and seventy-five; in three only the oldest workman was not beyond 40 or 45 years of age; in one office, amongst 35 or 40 workmen, twelve were between 45 and 70 years of age; in another there were twenty from 40 to 60; and the master of a third declared he had himself known more than fifty workmen beyond the age of 60. During the year 1831, twenty-five printers died in the different hospitals, &c. of Paris, whose ages varied between 55 and 78, and the author quotes the names of fourteen workmen actually employed of 70 years of age, and one of 80. The celebrated printer M. Didot had a workman who reached the age of 86, and M. Firmin Didot another who worked to the age of 84.—*Ann. d'Hygiene Pub.*

#### REMARKS UPON FEBRILE AND OTHER DISEASES.

*Miscellaneous inquiries and remarks upon febrile and other diseases, with references to various cases, in which there was a similar state of system produced, from different causes, and in patients of different habits: viz. two cases of death from Inanition; a case of Puerperal Mania; two cases of attempted Suicide, from Intemperance; two cases of death from dry Mortification; and a case of Tetanus.*

[Communicated for the Boston Medical and Surgical Journal.]

THE human frame is composed of life and death. As it relates to the blood, life is in the arteries, and death in the veins. As it relates to air, life is in its inspiration, and death in its expiration. As it relates to the stomach, life depends upon aliment there; its entire absence, for a protracted period, although arterial blood and pure air may be present, is certain death. Two female patients, adult women, died from inanition. One had paralysis of the cesophagus, the other a tumor of the same organ, ending in ulceration through the neck. Nature would not consent to a long continuance of life by the use of injections; doubtless because the nourishing matters, thus conveyed, could not reach the stomach and have the aid of the gastric juice.

When venous blood predominates over arterial, to a very great degree, death ensues in the aged, and fever or some other disease in the young. The change of blood from arterial to venous, is a spontaneous animal source of disease. Bichat speaks of the fatal consequences of venous blood getting into the arteries. What we know of the cause of diseases, seems to point to animal deterioration. There is no putrefaction without water, and all vegetables contain water, and all water contains animals. But, although all vegetables contain animal matters, yet all animal matter

does not contain vegetable matter. The decomposition of pure animal matter generates ammonia, which is a wholesome or harmless effluvia. But the presence of vegetable matters prevents its evolution. Hence, writers have assumed vegetable putrefaction to be noxious, and that animal putrefaction is void of harm. That never-failing source of disease, *marsh miasmata*, is made up of a decomposed combination of animal and vegetable substances. Liewenhoeck tells of animals in water, so small that hundreds of them together are not so large as a grain of sand; and these minute creatures, by means of the hydro-oxygen microscope, can now be seen by other eyes than his.

To the fact that air from marshes contains more animalcules than other air, must be imputed its deleterious effects upon the human system, as they thus enter the pores of the skin, the stomach, the lungs, and reach the brain and heart, and abdominal viscera. Lancisi, after enumerating the inhabitants of marshes, such as toads, frogs, flies, May-bugs, beetles, earwigs, spiders, leeches, and water-witches, refers to Virgil and Politian, in relation to the species of *culex*, called mosquitoes, as the offspring of moisture and water. He likewise refers to Pausanias, respecting the innumerable clouds of these insects, generated in a certain muddy and choked up stream, and to their so annoying the inhabitants of a certain Grecian city, called *Myon*, that the population were forced to quit it, and flee to *Miletus*. If, therefore, water generates such millions of visible insects, and if every drop of water, in a marsh and stream, contains upwards of 40 animals, as the hydro-oxygen microscope proves, we must undeniably admit that water is chiefly made up of animals, animal eggs, and exuviae; and that, as is intimated by Lancisi, marsh miasmata is "organic animated effluvia." Now the eggs of the mosquito, which are deposited in water in such immense numbers, are hardly if at all visible by the most powerful microscope, whilst the eggs of microscopic animalcules themselves, although reason teaches that their numbers must be also immense, cannot be reached by the most powerful apparatus yet discovered.

I believe that it was Mercurialis\* who first intimated that the plague was carried from one place to another by flies, which are observed to alight and feed on the saliva and offal of the sick and dead. We think, at any rate, that these domestic insects are implicated in some mysterious instances of the origin of smallpox.

In all fevers, whether the pulse be feeble, or very full, strong and hard, the muscular strength is always diminished; and this shows that the vital and voluntary nerves are governed by different powers and principles—that they are moved by different parts of the brain—or if by the same part, that their different course and endings very materially alter the mode of action of that great primary moving power. Increased energy and action of one part of the system, is accompanied by diminished energy in another part. Arterial action, too highly exalted, is connected with muscular debility, indigestion, and suppressed perspiration. In like manner, a diminution of action and energy in one organ, tissue, gland, viscus, or evacuation, has increased momentum, or quantity, in some

\* Mercurialis was an eminent Italian physician, and died in 1606.

other, perhaps a distant one. In epidemic cholera, the urinary secretion is diminished immensely, or totally annihilated, whilst the discharges from the first passages are increased upon a scale so vast that destruction ensues. In hysteria, the muscular motion and urinary secretion are increased, whilst the peristaltic motion, and alvine evacuations, are diminished. In febrile affections, the peristaltic motion and the alvine and urinary discharges are diminished, whilst the quickness of the pulse and of respiration are increased.

Inordinate nervous excitement sometimes ensues from great and dangerous hemorrhages. The nervous system, collecting and concentrating all its energies to support the threatened powers of life from loss of blood, over-acts, and the consequences are alarming, and sometimes fatal. This is an instance in which one system re-acts for another system—the nervous system aiming to do its own offices and also that of its neighbor. A case of this kind merits notice. Mrs. H. a married lady, began to lose blood from the uterus, at the end of the eighth month of pregnancy, owing, as it afterwards appeared, to the adhesion of the placenta, not directly over, but near, the *os uteri*. This hemorrhage continued at intervals for a month and a day, when parturition, of a dead child, took place. But re-action did not commence until the further loss of blood, consequent upon delivery. She then, about 48 hours after that event, became, not merely delirious, but ravingly maniacal; with a very full pulse, and withal so resisting and active, that had not her previous hemorrhage been known, the lancet would have been used, and I am still of opinion that it might have been used, as a dernier resort, with benefit. We suppose that in this, and similar cases, the inordinate cerebral excitement arose from what blood there was remaining in the vessels being sent with such force to the head, as to produce engorgement, perhaps lesions of the brain, and thus to destroy our highly valuable patient. It has been proposed to imitate nature in this respect; that is, to rally a feeble system by producing re-action by bloodletting. But from the result of this case, we should consider that the arterial system, thus brought into re-action, might over-act; whilst, on the other hand, that, if no re-action was produced, it would be but adding to the existing dilemma.

In connection with this case, we will notice two others, entirely dissimilar in all respects, except one, viz. the over-action of debilitated systems. E. Y. a man of about 45, had debilitated his system by intemperance to such a degree that he seemed a fit subject for delirium tremens; instead of which, his powers were wont to rally, and produce such a degree of morbid strength that it was difficult for his attendants to control him, although pale and feeble in his looks. Occasional mania ensued, and sometimes fits of epilepsy; and although a mild clever fellow by nature, he attempted in these paroxysms to injure others, and actually injured himself, for he twice cut his own throat, and once amputated his penis with an axe, thinking, as he said, that it was a piece of tobacco. His attempts at suicide failed in both instances, owing to our timely arrival and arresting the hemorrhage. Consumption at length did for him what he had failed of doing for himself.

Mrs. B. in similar states of system, and from the same cause, was wont to whip her pretty little adopted daughter most unmercifully, and

one day hung herself up with a handkerchief to her warping-bars. She was not quite dead, however, upon our arrival, and our efforts at resuscitation, in this instance, were availing. She recovered, and became a better woman, although I believe she did not entirely quit her pernicious potations.

We will next mention two cases of disease dissimilar to all the foregoing, but similar to each other, and in men of habits diametrically opposite. We cannot, therefore, refer one of them to errors in diet, errors in drink, or to any predisposing regimen or exposure. We must, then, place the malady to the account of a spontaneous change in the animal fluids; in fact, to too great a predominance of venous blood over arterial, and a consequent debility of the solids. Both lived in the country, and both pursued the salutary occupation of agriculture, upon farms of fine fertile soil, located where the air was pure and the water good. They were on adjoining farms, and next door neighbors. Both died of dry mortification, and of the same part of the body. The first was a man aged 59, who had long been a drinker of ardent spirits, in pretty large quantity—at best an intemperate man, although perhaps seldom or never intoxicated. His illness was not long; the disease of which he died began in his toes, and proceeding upward involved the whole leg, which became of a dark purplish hue, and was emphysematous.

The other case was that of Mr. M. aged 28, and being very peculiar as to the age and several other circumstances, will merit a more particular and protracted notice. A case of dry mortification, in one so young, never before, nor since, occurred in our practice, nor do we know a similar one on record. Mr. M. had always been temperate, and for the last three years of his life entirely abstinent. Yet, what was surprising, and contrary to all our previous theories and to the doctrines of our teachers and authors, he could not, during his illness, be made to feel the effects of the most powerful stimulants. Abstinence had not rendered his system more susceptible. There was no accumulation of excitability; or, if there was, it was not possible to excite it. A similar deviation from what was supposed to be an established law of zoonomy, the writer knows not where to find. As those entirely abstinent from ardent spirits do still occasionally become our patients, everything connected with the diseases of a class so meritorious should receive attention and publicity.

From the first settlement of this country, whether the habit was brought across the Atlantic by the pilgrims, or by succeeding emigrants, or contracted on this continent, the use of spirituous liquors seems to have been known. In the wars with the Indians, preceding the revolution, and in that separating struggle of the infant republic from the womb of the mother country, also in agricultural life, in time of harvesting hay\* and grain, we read and hear of the use of spirituous liquors, or "strong water." A new era, as it relates to the New World, is that of their total rejection. As it relates to their use, their abuse, and their total rejection, the medical philosopher will ever feel a deep interest. As it relates to the health of the community, and their crimes and morals, the professions of law, medicine and divinity, and the public at large, have all a concern deep and abiding.

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\* Mr. M. was seized during hay harvest, July, 1830.

The attack of Mr. M. began with pain in the toe, next the great toe of the left foot, with the severity of the felon or paronychia. On our first visit, the integuments of this toe presented a dark, swollen appearance, and no doubt existed of matter, present or forming, in the periosteum. An incision was therefore made, quite to the bone, with relief of the pain, and with the evacuation of healthy pus. Next morning, however, the lips of our incised wound presented a purple hue, and had a gaping appearance, indicating the present or approaching state of a loss of tone in the system, and an incipient sphacelation of the part. Afterwards, the other toes, in rapid succession, died, without any pain at all, which was an unlooked-for occurrence—the color not changing. The white mortification of Quesnay will probably here occur to the learned reader; and, also, the observation of an author more recent, whose idea upon this subject is, that as death occurs suddenly in the whole frame, it may also suddenly occur in a part of it. But in all these cases, and in those described by Pott, there were vesicles or a detachment of the cuticle, which in this case had no existence. One day, when dressing the affected toe, I observed a pallid death-like appearance of the great toe of the same foot, of which he had not at all complained. I pricked it with the sharp point of my probe, on its under surface, which he did not feel, and I continued to push the instrument forward, through the skin and through the flesh, nearly or quite to the bone. He did not flinch, nor feel; the toe was entirely dead. The other toes, the foot and the leg, became involved in the same gangrenous process, but without pain or much uneasiness. The case, as a whole, may be viewed as one of systematic affection, manifesting itself locally; a death-like process, from debility of the heart, and predominance of venous blood, presenting a similar phenomenon, in the animal system, to that which is seen in trees, which begin to die first in their extreme branches. Mr. Pott found dry mortification more frequently in great eaters than in free drinkers. But my patient was temperate in all things—a young, wealthy, thriving farmer, of correct and exemplary habits. He had slight hebetude at first, but not very definitely marked for more than a few words. He died delirious, about four weeks from his first seizure. His constitution was good, nor did I learn that he was ever before seriously ill of any disease whatever. His system appeared to have lost all susceptibility to remedial excitants; as a proof of which, I may mention that for the last ten days of his life he took a glass of ardent spirits, by direction, every two hours, with other stimulants in full doses, and yet he was never excited. Had he drank a glass of water, instead of spirits, he might, or might not, have lived as long as he did; yet by neither pulse nor person, could any one have told the difference.

This young man's case being thus peculiar, the question arises, how a system, thus unsusceptible to the most powerful stimuli, may be brought to respond to their power? Would bloodletting, and the exhibition of alkalis, have aided in achieving this important end? As to the former, I had determined, upon my second visit, the day after opening his toe, to have resorted to it, for he then, but then only, complained of a pain in his side. But upon raising himself up in his bed to undergo the operation, he became so faint that I thought it improper for him to lose blood,

and it was omitted. A blistering plaister was applied to the pained part, and it drew well. But, as a proof of the torpor of his system generally, and as an evidence of the improbability that amputation of the leg would save the patient, if it had been performed (it being mentioned in consultation), I may mention that he did not feel it draw, nor did he make any complaint or appear to feel the cuticle while it was picked and pulled off, after it had drawn. He never afterwards complained of pain in his side, nor in the affected limb, nor indeed in any part. The limb died from the toes to the knee, without inflammation, pain, re-action, or resistance. Yet, strictly speaking, it could hardly be said to have mortified, unless the term *white* mortification is allowable, for it retained its natural color, or perhaps was rather paler than natural. We may here observe, that the gaping, livid, inelastic appearance of the toe first affected, alarmed me at my second visit, and, therefore, no time was lost in applying and administering those invigorating and antiseptic remedies which seemed best adapted. The counsel and advice of two of the most eminent surgeons and physicians, in this part of the country, was also had, who repeatedly saw my patient. The carrot poultice, the fermenting poultice, the nitrate of silver, the bark, and baptisia, were all freely used externally; and wine, bark, opium, quinine, alcohol, and piperine, internally. The patient had very little febrile affection; none at all by pulse, no thirst, and very little fur on the tongue. But in reviewing the case and the treatment, we have to reflect and to regret that calomel, or the blue pill, was not used, so as to excite pyalism; or that this had not been effected by rubbing in strong mercurial ointment upon the affected parts. By the system having thus been made to feel the effects of a powerful mercurial excitement, it might have afterwards felt other stimulants. By being artificially excited in one part, it might of itself have rallied, or have been made to rally, in other parts. We have before adverted to the tendency of the system, when depressed in one part, to have an increase of action in some other part. This case, however, did not appear to observe that law—the whole tenor being depression without re-action. Nature, by establishing the law of re-action, acts on a conservative principle; her aim being, that *life*, which consists in *motion*, should not cease in the whole system. This is often a successful, and always a noble effort of the *vis medicatrix*. When, therefore, disease is sinking the whole corporeal frame, and nothing of this kind is done by nature, *art* should interpose. And if art cannot rouse the sinking powers of life generally, it should, by producing catharsis, emesis, vesication, or salivation, rouse them locally. We know, however, that increase of action is not always increase of strength. But the paramount indication is, and ever should be, first to preserve life. To increase strength is a great, but still a secondary indication.

We have more in view, in these remarks, than this individual case, whose parallel may possibly not occur again. We think that the principles involved in this part of our inquiries will apply to fevers, and all other diseases, where debility and torpor, and lack of re-action and energy, are present. And we cannot leave this part of our subject without some further remarks upon bloodletting. We can easily conceive that the heart, the lungs, the brain, and the arteries, may all be embarrassed



by too much venous blood. Too much blood in the veins, lacking oxygenation, may therefore be considered of the nature of a pernicious foreign fluid. But to let blood, when the indication exists in the veins alone, and not in the arteries at all, certainly involves a point of practice both equivocal and delicate. The turgescence of the venous system, the interrupted action of all or most of the important organs before enumerated, and especially the failure of all other remedial agents, may, however, possibly sometimes justify the practice. And it may possibly occur to others, as it does to ourselves, that we have seen effects decidedly good from the evacuation, when we have adopted it after very great hesitancy. When it is considered that in venesection we draw off venous blood only, less apprehension exists of pernicious consequences, in doubtful cases. Alkalies, iodine, and neutral salts, by fitting the system to be acted on by other medicines, and especially by aiding in the process of oxygenation, are remedies which ought not to be overlooked. Dr. Barry, of the British army, failed of curing tetanus by opiates; but at the suggestion of Dr. Ferguson, his superior medical officer, by first giving liberally of soda, his success with his former remedies (opiates) was complete. By Dr. Ferguson's advice, he gave it in doses of a drachm. I recollect giving gradually, but in a short time, 92 grains of calomel, to a patient in tetanus, with the design of producing salivation. But although it was retained, and the patient recovered, it entirely failed of affecting the salivary glands in the least, or even of producing mercurial fetor. The same patient took very largely of opium and laudanum, without much apparent effect. An incision was therefore made above the wound (which was made by a pitch-fork near the toes), and every fibre cut off quite to the bone. This artificial wound was then filled with hot spirits of turpentine. In such a case, at the present time, we should rely much upon soda and iodine, as calculated to fit the system to be acted on by other remedies. In tetanus, the loss of action to which we have repeatedly alluded manifests itself in the absorbent system, whilst there is a new and often fatal action going on in the muscles, involuntary, as well as voluntary, and in the whole nervous system.

Our successful cases may be suffered to pass, without much inquiry or remark; but when we lose a patient, and especially such an one as was Mr. M., in the prime, or rather bloom of life, and with a disease so singular, we ought to both inquire and be inquired of. As before noticed, should we have another similar case, we should try a salivation. But it is possible that some one else may be able to point to a mode still more judicious.

We have thought, and, I believe, before remarked, that the British naval practice, that of having a court of inquiry upon every commander who loses a ship, let his conduct have been never so valorous, and his exertions never so strenuous and well directed to save her, might be well imitated in medical practice. A medical court of inquiry upon every physician who loses his patient, would stimulate exertion and elicit information.

JOSEPH COMSTOCK, M.D.

P. S.—I trust, Mr. Editor, that it is unnecessary for me to hint to you what to do with my communications if they are too frequent or unworthy the public. The fire, unlike the press, tells no tales.

*Lebanon, Ct. July 4th, 1835.*

## BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 22, 1835.

## THE USE OF FRUIT.

As various kinds of fruit are beginning to make their appearance, and as no inconsiderable amount of disease is usually imputed to their agency at this particular season, it may not be inappropriate for physicians to institute some inquiries in relation to their supposed deleterious effects on the health of people of different ages and conditions. /

We are familiarly acquainted with the prejudices existing against the free use of our domestic fruits, but very much question whether they have ever operated so unfavorably as is generally believed. It would be quite as philosophical to discard bread stuffs, the various leguminous productions of the garden, and the meats offered in the market, as to interdict the rich fruits which nature has scattered around us. If a careful register were made of all the deaths arising from excess in eating these two species of food, it is quite probable as many would be found attributable to one cause as the other. Eating and drinking have become altogether too artificial: people consult their books oftener to discover how, when, and what sort of a meal should be taken, than to ascertain the state of their finances. Life is thus reduced to an unnatural scale, and the capacity of the stomach measured as a tide waiter would gauge the dimensions of a hogshead, instead of following the simple indications of hunger, which makes no dangerous mistakes under ordinary circumstances, in well regulated society. There is a vast difference between gorging beyond the ability of the stomach to relieve itself, and satisfying the cravings of appetite. Were an individual never guilty of any excesses, he would be exempt from the penalty invariably imposed on the breach of any law of the animal economy.

Instead, therefore, of standing in any fear of a generous consumption of ripe fruits, we regard them as positively conducive to health. The very maladies commonly assumed to have their origin in a free use of apples, peaches, cherries, melons, and wild berries, have been quite as prevalent, if not equally destructive, in seasons of scarcity. All naturalists will testify to the importance of the fruit season to the lower animals, particularly to birds. When there is a failure, or an insufficient supply, the feathered tribes are less musical, less numerous, and commence their migrations much earlier, than when amply supplied with the delicate nutrition designed for them at certain periods of the revolving year.

In the scheme of creative wisdom, the indications are clearly manifested that man is omnivorous; and it was not until muzzled by the opinions of one, and perplexed by the ridiculous hypotheses of another, touching the subject of his food, of which he is himself better qualified to judge than the most learned physician in christendom, that he relinquished the faculty of discrimination implanted in his nature, to become the football of those who raise themselves into a short-lived notoriety by giving to unfounded theories the character only belonging to well-established facts.

There are so many erroneous notions entertained of the bad effects of fruit, that it is quite time a counteracting impression should be promulgated, having its foundation in common sense, and based on the common

observation of the intelligent. We have no patience in reading the endless rules to be observed in this particular department of physical comfort. No one, we imagine, ever lived longer, or freer from the paroxysms of disease, by discarding the delicious fruits of the land in which he finds a home. On the contrary, they are necessary to the preservation of health, and are therefore caused to make their appearance at the very time when the condition of the body, operated upon by deteriorating causes not always understood, requires their grateful, renovating influence.

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#### THE LATE DR. CHARLES MACOMBER.

THE death of this esteemed physician, which took place at his residence in Marshfield, on the 16th of June last, was recorded in this Journal a few weeks since. The No. for June 10 contains an interesting communication from the pen of Dr. M. on Phthisis Pulmonalis, which was written while confined to his room by his last sickness. For the following sketch of his life and character, we are indebted to one who was intimately acquainted with him.

IN the death of CHARLES MACOMBER, M.D. the community to which he more particularly belonged has suffered a severe privation, and his particular friends an irreparable loss. Seldom has one been arrested in a more successful career of active and extensive usefulness.

Dr. M. was born in Marshfield, in July, 1780. His youth was marked with promise and with a peculiar sobriety. The development of his mental powers fully justified his friends in their anticipations of his eminent future usefulness. He was educated at Harvard University, where he was distinguished for an unremitting application to his studies and for his literary acquirements, and still more for a correct and amiable deportment, which secured the affectionate esteem of his cotemporaries and the confidence of the government. He was graduated in 1799, having received the honors of the university and acquired the love and respect of his instructors. He chose the healing art for his employment in life, and was inducted into his profession under the auspices of Gad Hitchcock, M.D. of Hanson, a distinguished physician of that day, and whose eldest daughter, a very amiable and pious young lady, he afterwards married. The soothing attentions and devotion to her husband which she ever manifested, contributed greatly to sweeten the toils of his profession and alleviate oppressive cares and duties.

Dr. Macomber was distinguished in social life for the uniform uprightness of his conduct, his inflexible integrity, and for the correct performance of all the relative duties. As a son, a brother, husband, father, friend and neighbor, he was exemplary. He conciliated the cordial attachment and affectionate esteem of all with whom he came in contact. He preserved a studious habit through life; he read almost every scientific work as it issued from the teeming press, but was more particularly fond of such as tended to illustrate and elucidate the principles of his profession. Whatever he read, he digested and made it his own. He had a peculiar faculty of extracting from it all that was calculated to nourish the intellect and enlarge the sphere of his knowledge, and was ready on every suitable occasion to produce it, and bring every new thought or new theory to the test of experiment. He possessed a very philosophical and inquiring mind, strengthened by constant culture and the habit of thinking and reflecting much. His acute and discriminating judgment was seldom deceived in detecting the occult and latent causes

of disease, and he was equally successful in applying a remedy. This enabled him to excel as a physician, and secured the love, respect and confidence of his patients and their friends to an unusual degree. In his attention to the sick he was unwearied, was patient of incessant labor, and, when duty called, the storm and sunshine were both alike to him.

Dr. M. was a religious man. He had that sanctification of heart which love to God and to man never fails to produce, and which is the fulfilling of the law. His life was imbued and regulated by the influences of pure, deep, abiding, christian principles. A vivid sense of his accountability to his Maker for all his thoughts, words and actions, operated, as a refiner's fire and as fuller's soap, to purify his whole life. This caused him to be looked up to as a guide and main pillar in the church which he had chosen as the scene of his devotions. He met death in the full possession of his reason, and with fortitude and entire submission to the will of his heavenly Father. He appeared to have no choice of his own, but resigned himself into the hands of God, to do with him as he should think best. In his last moments he might have said to his friends, with Addison—"Come and see in what peace a christian can die."

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*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—Will you or some of your readers communicate some permanent remedy for the removal of that disagreeable and often troublesome disease, Gonorrhœa mucosa, and give notice of the same in your truly valuable Journal. By so doing, you will greatly oblige one of your subscribers.

MEDICUS.

*Buffalo, N. Y. July 10th, 1835.*

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*Self-Limited Diseases.*—Dr. Bigelow's excellent discourse before the Massachusetts Medical Society, on this subject, of which a slight notice was given at the time of its delivery, was received too late for a more extended paragraph the present week. If we consult only our own pleasure, every word of it will be republished in the Journal.

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TO CORRESPONDENTS.—Several Communications are deferred till next week.

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Whole number of deaths in Boston for the week ending July 18, 23. Males, 17—Females, 6.  
Of worms, 1—measles, 1—dropsy on the brain, 2—liver complaint, 1—Inflammation of the bowels, 1—bowel complaint, 1—hooping cough, 2—mortification, 1—cancer, 1—scarlet fever, 1—teething, 1—consumption, 1—dysentery, 1—bursting bloodvessel, 1—dropsy, 2—lung fever, 1—dyspepsia, 2—throat distemper, 1—canker, 1.

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XII.]

WEDNESDAY, JULY 29, 1835.

[NO. 25.]

## REMOVAL OF CALCULI FROM THE BLADDER.

FROM A LECTURE DELIVERED AT THE NORTH LONDON HOSPITAL, BY ROBERT LISTON, ESQ. SURGEON, ETC.

Now, gentlemen, you have, I believe, but very lately had a full account given you of the causes, symptoms, and treatment of calculous diseases, by your very learned professor of surgery. Any lengthened detail will therefore be superfluous and unnecessary in this place and on the present occasion. The history of the operations of lithotomy and lithotritry alone would more than occupy our time. I shall at once read to you the account of the patient's sufferings under the disease, and of the treatment which had been adopted for his cure before and since his admission into this hospital, and make a few comments upon the subject.

"Henry Shaw, aged 27, admitted April 30, states that he has labored under symptoms of stone for the last five or six years; that about nine months ago the symptoms became much aggravated, and he applied for admission to a London hospital where lithotritry was tried, but without success, the operation being attended with very great suffering, and not productive of the slightest relief. He has suffered continually since that time, and lately the symptoms have become so unbearable as to induce him again to submit to any operation for their removal.

On admission he was suffering very severely, on account of his having walked several miles from the country. He appeared many years older than he stated himself to be, and his countenance bore an appearance of anxiety and suffering. He complained much of a constant pain referred to the lower part of the abdomen; this was much increased during and after evacuation of the urine, when it was also attended by a burning pain darting along the penis. He was unable to retain his urine for above a few minutes at a time. Occasionally the stream was pretty free, but it frequently stopped suddenly during its expulsion, returning, however, on change of position. The urine was high-colored, mucous, and, after unusual exertion, mixed with blood. Its spec. gravity was 1015, and it became very slightly opaque on the application of heat.

May 1st.—This morning a sound was introduced, and was found to pass over a stone of considerable size, but as the bladder was rather irritable, Mr. Liston was unwilling to make any very minute examination so as to ascertain its size more accurately. Perineum to be shaved. To have a dose of castor oil.

2.—The operation was performed to-day. The curved staff having been first introduced, and the stone struck, so as to satisfy the other officers of the institution of its presence, the patient was secured in the

usual manner. The bladder was reached, and the prostate divided to the necessary extent by the second incision; the forceps was then introduced and the stone (which was about two and a half inches in its longest diameter, and bearing marks of the attack formerly made upon it) was removed with ease, having been first turned by the fore-finger of the left hand in the direction most favorable for its extraction.\* A gum-elastic tube was then introduced through the wound into the bladder, and retained there by strips of oiled silk fastened to a bandage applied round the loins. The patient was then removed to bed. A few ounces of blood only were lost after the operation. The tube was kept clear of coagula by means of a feather for a few hours until the urine began to come away clear. The patient gave vent to no expression of pain except during the introduction of the staff, and states that he did not suffer by a great deal so much from the present as from the former operation. Had some slight rigors after the operation, which went off after the application of heat to the feet. Diluents were given freely after the operation, and the discharge of urine was very copious.

3.—Slept pretty well; no complaint of pain; pulse natural; discharge of urine copious.

4.—The tube was removed this morning. Continues perfectly easy. St. haust. Ol. Ricini.

18.—The urine has passed by the urethra for some time back, and the patient is now walking about the ward. He returns home in a few days."

The symptoms are here remarkably well detailed, and the case altogether is clearly stated. The history is such as is usually given by patients laboring under stone, with the exception of the pain being referred to the hypogastric region, instead of the orifice of the urethra. You must have been told, in the lectures by my excellent colleague, that by attention to the state of the digestive organs, and by correcting the morbid secretion of the urine by medicines suited to the prevailing diathesis, calculous deposits may be prevented, or carried off. The symptoms attendant upon the deposit of crystallized sediment you cannot have forgotten, nor the class of medicine proper for each. When concretions of a small size come down into the bladder, and before they have gained much accession, then they may still pass off naturally, or they may readily be seized by such forceps as I here show you, and extracted. There are many specimens on the table of concretions passed, or so extracted, some of no inconsiderable size. You may be aware that the posterior part of the canal is wider than the anterior, and is readily dilatable to a great extent. I have, in my work on surgery, detailed a case in which, by very gradual insinuation of the fore-finger, it was got to pass into the male bladder without the use of any cutting instrument, and without much pain to the patient. A stone of a pretty large size, such as the one I now exhibit (it had been previously, as you perceive, reduced in size by the drilling instrument of Civiale), may be laid hold of, and brought into the sinus of the urethra, and if it be found impossible, as it was in this

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\* The operation occupied, from the first incision to the removal of the stone, forty-five seconds. *Tutus et celeriter*.—*REP. LANCET*.

instance, to bring it farther, it may then be cut upon and taken out with less suffering and risk to the patient than by any other operation.

When such symptoms as presented in Shaw's case have lasted for years, no such proceedings can avail; the foreign body must then be either broken down, and the fragments got quit of, or it must be extracted in the manner you have witnessed. Before determining upon the operative procedure, it behoves you to ascertain correctly the *existence* of calculus, and the number and size. You must ascertain, besides, the state of the containing viscus, and of the whole apparatus—the kidneys and urethra, as also the form of the pelvis, &c. Many mistakes have been committed from a neglect of the necessary precaution to examine the patient in all respects with care and attention before deciding upon or proceeding to an operation. You would scarcely suppose it possible for a man educated to our profession to be deceived altogether as to the existence of a stone in the bladder. This has, notwithstanding, happened very many times, and has led to very painful results. All the symptoms which are detailed in Shaw's case are found to exist in a degree, and to arise, from other causes than the presence of stone in the bladder—such as the disappearance of eruptions, irritation of the intestinal canal, disorder of the kidneys. These symptoms may lead to an examination of the bladder, but recollect that the sources of error are numerous—the sound may be felt to grate on something, on sand entangled in mucus, on the fasciculi of the bladder, on a projection of the prostate. The feeling so communicated will at once be referred to the proper source, by one whose hand is experienced in the work, and whose touch is perfect through education. I could bring forward many instances in which operations have been performed, and no stone has been forthcoming; and I have sounded many in whose bladder stone had been supposed to exist, and in whom a little anthelmintic medicine put all to rights. By a careful and gentle use of the sound, the existence, and the size, and the number of calculi, can be pretty accurately ascertained, and the contact of the sound and stone can be heard as well as felt. The best sound is that of steel, with a short curve; it may sometimes be requisite, in order to facilitate the examination, to inject a little fluid into the bladder, or to change the patient's position. It is highly advisable in all cases that the condition of the kidneys should, by an examination into symptoms, and the state of their secretion, be ascertained as correctly as possible, whatever means are to be adopted for the patient's relief.

From time to time proposals have been made to attack the stone in the bladder, so as to reduce or destroy it either by chemical solvents taken into the stomach, applied directly by injection into the affected viscus, or by the application of mechanical means. The former or lithontriptic plan has now got out of fashion, though at one time many fools were found to believe and trust in it, and much public money was lavished on the inventors of the medicine. Egg-shells, soap, and other sorts of physic, taken by the mouth, were found to travel with rather a degree of slowness and uncertainty, and if they did reach their destination, they did but small damage to the enemy. The bladder was found not very capable of bearing the introduction of acids or alkalies, which, however, acted very prettily upon the stone in a piece of chemical apparatus.

Mechanical contrivances were at various periods suggested and even applied, but it is only of late years that these have been brought to any perfection. It has been discovered, since the attention of the profession has been drawn to the subject, that at a remote period, a monk of Citeaux broke off small fragments of a stone in his own bladder with a wire pushed through a catheter; and you may have heard of a Colonel Martine, who, in the end of last century, with a sort of bulbous wire, the end of which was cut like a file, was supposed to have cured himself of a stone in the bladder. He deceived many, and perhaps also himself, for he died of stone.

The very beautiful apparatus of Civiale, which you see here, was hailed as a means of doing away entirely with any other proceeding. Some ingenious alterations were made upon it by Mr. Heurteloup and others, and it was at one time confidently asserted that almost every patient suffering from stone, could thus obtain a perfect and permanent cure. Some new apparatus (I shall not pretend to say who has the merit of the invention, for it would not be very safe to interfere with the contending parties), and certainly of a more efficient kind, was introduced, and forthwith the other was, and by those too who had previously given a different opinion, denounced as totally worthless and inefficient. It is too true that such is the case. You might bore holes through most stones, as you see has been done in this specimen, without in any way advancing the patient's recovery; on the contrary, with the effect of superadding to his other maladies a thoroughly diseased bladder. This stone was removed by lithotomy in the tenth part of the time that any of the sittings had occupied, with certainly a fourth of the pain and with much less danger. A stone very small and very soft might be managed by this drilling apparatus, but such stones bear no proportion to those which are perfectly impracticable. It is a matter of astonishment to me that some one of the ingenious persons who have busied themselves in this affair, should not have proposed introducing a charge of gunpowder into one of the perforations, and thus shattering the concretion, as rocks are blasted in the bottom of the ocean. Dr. Civiale's invention arose out of an attempt to introduce a bag into the bladder, which should embrace the stone, which was then to be attached by some very concentrated solvent; the one plan is as feasible as the other.

The new machines have been variously modified and improved in their different parts; they have been better fitted for seizing readily and safely the foreign body, which, after all, is by no means so difficult a matter as might be imagined, and various forces have been employed to disintegrate the stone and crush its fragments; the percussion system, the screw, the rack and pinion, and the spring, have all their advocates. You have before you all varieties of tools; and you will perceive that a great deal of ingenuity has been shown in this matter.

Many people, to my knowledge, are still racking their brains to invent some apparatus superior to any yet used. This is all very praiseworthy, but expectations have been raised too high by far on this subject, by unwarrantable assertions. I have practised all the operations in a wide and extended field, and have seen others perform them; and if I might be permitted to offer an opinion to you on the subject, I should say, that



unless the laws of the animal economy are subverted, a *permanent cure* cannot be expected to follow lithotripsy, unless in very favorable cases ; and amongst the patients who *now* present themselves for relief from the pains of stone, certainly not more than *one in six* ought to be submitted to that proceeding, and would not be, by a conscientious surgeon, by one who could equally well cut out the stone as powder it down. I place here before you an ample collection of calculi which I have removed from the male bladder, and I challenge any lithotritist, or advocate of the system, to pick out from amongst them anything like that proportionate number which could or ought to have been submitted to their manipulations, keeping altogether out of view the state of the urethra, prostate, and bladder, which often forbid or render them impracticable. It is said that if lithotripsy were generally taught in the schools and practised, patients would apply earlier, and that thus recourse to lithotomy would never be necessary. I am assuredly of opinion that surgeons should make themselves masters of this as of other operative procedures, and that this operation will never be safely performed, nor its merits fully appreciated, till it comes into the hands of well-educated surgeons. In fact, patients can only depend upon a safe and appropriate practice being adopted when they make application for relief to those who can either cut or break down, as the circumstances of the case may direct and warrant. It is too much to expect that lithotomy can ever be entirely superseded ; many people are, as it were, born with stone, and in many instances it exists long, and attains a great size, before a suspicion is entertained of its presence. Certainly if patients were aware of their having stone before it got larger than a hazel-nut, a good many might be relieved by lithotripsy, *and not a few* cured. Even in the most favorable cases, when the stone is of the size I have mentioned, and when the organs are comparatively sound, and free from irritability, a *cure* cannot always be depended upon with certainty by this means. The bladder becomes irregular on its inner surface, and it is no easy matter to make sure that all the fragments are voided. If any be left, you know the consequence to be a speedy reproduction of the disease. When the stone, again, is so large that a repetition of the operation is called for, when one sitting takes place after another to the number of 6, 12, 20, or 50, then I am bound to assure you that a cure need scarcely be looked for. The patient who is so unfortunate as to believe in the statements of the professed stone-grinder, will suffer more pain at *each one* secondary operation, than he would from having at once the stone taken out cleverly and entirely. His life will be more seriously endangered by the inflammatory attacks induced by the frequent pokings in this tender viscus, fostered as it must be by the presence of angular fragments ; and if he should by some chance get out of his friend's hands alive, he will probably drag out a short but miserable existence, with a dreadfully irritable bladder, and that teased probably by half-a-dozen angular stones instead of one. There is, besides, every reason to believe that disease of the kidneys is developed and hurried on by this constant irritation of the other parts of the apparatus with which they sympathize so closely.

There are on the table many specimens of detritus ; one of a very remarkable stone, of which the patient was freed completely by the crushing

operation. It was very soft, and had as its nucleus many seeds of barley, which, with the beards, had been introduced by the urethra by the patient himself, a silly foolish old man.

There are, moreover, several stones formed upon fragments which had been broken down and left; specimens of that kind will, if I mistake not, multiply exceedingly ere long. I expect to cut out not a few; but I fear that many of them must be obtained by post-mortem examination. I am warranted in stating that the stone-breaking has, upon the whole, been attended with far more numerous fatal terminations than ever lithotomy has been, even when performed in the worst possible manner, and by the most bungling pretenders. And such must be the case until the profession take it up and the proper cases are chosen; until its *indiscriminate* employment is discontinued; and if this be not done speedily, the operation, useful in many cases, will get into disrepute. The very simple and beautiful instruments manufactured by Messrs. Weiss will answer every purpose, and it will afford me great pleasure to explain to any of you their application, and to give you more fully my views and the result of my experience as to the proper cases for the one or the other operation.

[To be continued.]

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## HISTORY OF A FEVER IN SUNDERLAND, MASS. IN THE YEARS 1831-32.

BY GARDINER DORRANCE, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

MR. EDITOR,—I have been requested to give you an account of a fever, which prevailed in Sunderland four years since, while I resided there. And I feel the more inclined to do it, as a better opportunity perhaps never offered to mark the progress of a typhous fever, which this very decidedly was, and determine how far contagion contributed to its spread.

The town, a small one of about 700 inhabitants, lying on the Connecticut River, had been proverbial for its health, until the winter of 1831, when scarlet fever and hooping cough, then prevalent in the region, spread extensively through it. After their decline, some time in July, two boys, in the southern part of the town, were simultaneously attacked with a fever, which soon exhibited the marks of typhus; such as brown dry tongue, delirium, twitching of the tendons, &c. A young man, who went from the village three miles north, to assist the family, contracted the fever of them, returned to the family to which he belonged, most of whom were soon attacked by it. He was then removed to another town, where his mother and sister apparently took from him the same disease. The lamented minister of the place visited the two boys often, and sickened with fever. Nine of his family were soon prostrated with it. Himself and wife, after eight weeks sickness, with alternate favorable and unfavorable symptoms, worn down with anxiety for their sick children and friends, died within three days of each other.

From the families named, the fever spread through nurses, watchers, and visitors, until sixty cases occurred. Of these sixty cases, six proved

fatal. There was nothing in the fever at this time, very diverse from common typhus. It was not very inflammatory. The antiphlogistic regimen was required ; but some recovered very readily without any loss of blood. When there was local determination, it was generally to the head. The usual length of the disease, when there was no relapse, was fourteen days.

The last case of fever occurred in November, in a house adjoining my own. We then supposed the disease at an end. About six weeks after, a little girl in the same house became unwell. I remarked to her mother, that her tongue resembled the tongue in typhus, but that it could not be that, as typhous fever was extinct among us. Such was not, however, the fact. A little daughter of mine, who frequently visited the sick girl, was soon attacked with fever. This was followed by four other cases in my family. The little girl's mother and several others in the first house were soon sick. A young man nursing a friend in it, sickened and communicated the fever to his family. A boy, who succeeded him, did so to another family. Fever spread rapidly, until one hundred, principally in the village of fifty houses and perhaps three hundred inhabitants, were the subjects of it. Of these hundred cases, nine proved fatal.

The fever at this time was severe in the extreme. In almost every case, there was strongly marked congestion, or inflammation of the brain. The lancet, used unsparingly at the onset of the disease, rendered it safe and mild. When neglected at first, or used but timidly, almost every case ended in delirium, lethargy, and dropsy of head. Never before, nor since, have I seen the strong language of Southwood Smith respecting the timely abstraction of blood in fever attended with cerebral affection, so amply verified. And most bitter was my regret, when from excess of caution on my own part, or from neglect to yield to the disease on the part of the patient, the golden moment of disarming it of its power was allowed to pass. The ninety-one, who recovered, were most of them bled early and largely ; the nine, who died, were not in general until days had gone by. The cold dash, recommended by the writer just mentioned, I tried in some cases after bleeding, with great satisfaction. I have seen a burning fever cooled, and raving delirium calmed, while pouring from a height the cold water, as he recommends, upon the head.

The general prevalence of fever abated in the spring. During the summer, there were a few cases. And there was between them, either a real or imaginary connection, continuing the chain until autumn, when the disease became common again, and forty cases of it occurred ; but of a character very different from those of the previous winter. Biliary derangement now took the place of congestion and inflammation of the brain. The season of the year probably caused this modification. Bleeding was now seldom indicated. Mercurials were the main reliance ; but, incautiously given, they prostrated the strength, sometimes to an alarming extent. In some parts of the valley of the Connecticut, the fever would now have been called "typhus syncopalis." The mortality, during this last period, was less than in the two former ones. The fever lasted in a few families, until winter, when it left the town, and has not returned.

I know it is somewhat unfashionable to believe typhous fever to be propagated by contagion. Some medical writers sit down gravely to discuss the point, whether mumps and measles are contagious. In a great city, where the inmates of the same dwelling have often no intercourse; where the sick are attended by hired watchers and nurses, whose vital air has become the atmosphere of a sick room, and where the very reprehensible practice of visiting the sick is not in vogue, it may not be easily traced to contagion; and indeed typhous fever does not often prevail extensively in a large city. But in a country village, where an intimacy exists among all the families, and where to not *call* upon the sick would show lack of friendship, a contagious disease can be traced, and *typhous fever*, I believe, if introduced, is generally found to spread. Unlike bilious remitting, yellow and other fevers, caused by marsh miasm, or by infection, typhous fever seems to have a specific power to communicate itself, in all climates, and at all seasons of the year. The first frosts do not check it, as they do yellow fever. In Sunderland, its greatest prevalence was in the dead of winter. Cleanliness, free ventilation, and, above all, secluding the patient, by keeping him in a chamber remote from his family, will do much to prevent the propagation of it. Still there is the specific power to communicate itself, to which we give the epithet contagious. And, after watching within the last ten years, in Sunderland and the neighboring towns, from three to four hundred cases of it, I can have no more doubt of its possessing that power than I have that smallpox does.

Dr. Tweedie, physician to the London Fever Hospital, certainly a competent witness in the case, says, "he has no hesitation, after an impartial inquiry into the subject, and ample means of investigation, to affirm his decided conviction that fever will spread by contagion." And so, I believe, will say almost every physician who has been very much conversant with the kind of fever I have described above.

*Amherst, July 16, 1835.*

## A SUMMARY PROCESS FOR THE PREPARATION OF MERCURIAL OINTMENT.

BY JOHN P. METTAUER, M.D. OF PRINCE EDWARD CO. VIRGINIA.

[Communicated for the Boston Medical and Surgical Journal.]

THE importance and value of Mercurial Ointment as a medicinal agent, and the difficulty generally acknowledged in preparing it, will, I am persuaded, secure for the following communication at least an indulgent reception from the medical public.

The design of this paper is to present a short and easy method for preparing this valuable article, which will not only abridge the process, and cheapen the price, but furnish it fresh, and of known and certain strength, to every practitioner who will allow himself 25 or 30 minutes time to prepare it.

The division of the metal, by triturating it with terebinthines, although it greatly facilitates the process, furnishes an ointment exceedingly objec-

tionable, on account of the irritating qualities they always impart to it. An ointment prepared in this way, after being used a few times, generally irritates or abrades the cuticle to such a degree, as to require its suspension for a while from the part, and its application to some other, which, when speedy mercurialization is desirable, might deteriorate the case, and even place the safety of the patient in jeopardy. A pure, inodorous, genuine and bland ointment, prepared by the tedious process of trituration, continued for weeks and months, according to plans directed in the dispensatories, must always be a costly article, where the consumption is great. The difficulty and labor of preparing the article in this way, present, to the persons who usually execute the work, a strong motive for fraud, which may be practised either by diluting and weakening it as it is made, or by mingling black substances with it to impart the dark color.

A more expeditious and cheaper method of preparing this indispensable article of medical practice, is, then, a desideratum ; to supply which, the following formula and process are designed, and offered to the profession :—

Take of Mercury, 3 viij.  
Spermaceti, 3 iv.  
Mutton Suet, 3 vj.  
Lard, 3 x.

Unite the metal and spermaceti by triturating them well together in a mortar of proper size. Should the division of the mercury be slow (which will sometimes be the case when the spermaceti is dry), a small portion of lard must be added to soften it a little ; the rubbing may then be continued until the globules are completely extinguished, and the mass made to assume a dark blue, of uniform color. The suet must now be added, and, after it is well mixed, the lard. I have found the operation to succeed a little better in dry weather, either warm or cool ; and would advise a preference to be given to such a state of the atmosphere, especially if large quantities of the ointment are in preparation—the reason will at once strike the intelligent reader.

This process requires from 25 to 30 minutes, and furnishes an ointment in every respect suitable for the most delicate or active uses to which the article is applicable. I have employed it during the last 19 years, in an extensive practice, and without being disappointed once in obtaining its prompt action as a mercurializer, when such an effect should be calculated on at all. The quantities given here are those which I have employed in my own private practice.

In the 2d Vol. page 336—3rd method of the Medical Recorder, Dr. P. K. Rogers, of William & Mary, Va. describes a method for preparing mercurial ointment, shorter than the one I have detailed. I have never employed it, but think very favorably of the process. His plan requires old tallow, and that the linseed oil should have been exposed for some time to the atmosphere to render the operation successful. The plan I advise requires no previous preparation ; and the constituents of which the ointment is to be formed can be obtained of every druggist without any trouble, and are generally to be found in the shops of practitioners.

The ointment thus formed will be found to sustain the heat of sum-

mer very well, without liquifying or becoming rancid ; and not inconveniently hard in winter.

The foregoing is at the disposition of the editor of the *Boston Medical and Surgical Journal*.

In my case of lithotomy, two errors have escaped. In line 7th from top, page 285 of the *Journal*, it should be 20th day instead of 10th ; line 18 from top, same page, read evinced for witnessed.

July 6th, 1835.

#### CÆSAREAN OPERATION, &c.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—Having read in your last number (dated July 1) an account of several *Cæsarean Operations*, I presume to add two to the list, which occurred in the island of Jamaica, and were performed successfully in a very peculiar manner, and without the aid of surgical knowledge or practical skill.

A young negro woman, under age, becoming pregnant, and having a wilful temper, resolved to rip open her womb, and thus to get rid of the child ; a resolution which she executed with her own hands, and recovered. The same young woman, after a year or two, again became pregnant, again formed and again executed the same resolution, and again recovered. According to the statement in the article in your number above referred to, the recovery in the *second* instance was more to be expected than that in the first ; the first recovery being in some degree a sort of earnest of the second. Such is my story, which was related to me above twenty years ago, without particulars ; but it is not likely to be attended with error, being at once so simple and so remarkable.

The business now remaining is to authenticate the fact ; and I do it thus, to my *own* satisfaction. My informant was a person whom I had known from his early years, as being remarkable for his probity and discernment : he was extremely well educated, and he was familiar with many persons eminent for their knowledge in the natural sciences, in England, France, and Germany, and was much esteemed by Dr. Franklin. He was repeatedly made a member of the House of Assembly in Jamaica, declined being placed in the King's Council, but accepted (I think it was from the Duke of Manchester), the office of *cristos* in his district, which placed him at the head of it. The girl was a slave on a large estate to which he was attorney, and on which he resided ; and his own medical attendant, who was also the medical attendant of the estate, of course had charge of the girl after each of her operations. My informant, I must add, was a person remarkable for his humanity, and so attentive to the negroes as to be eminently beloved by them. He was also a religious man.

I shall now make a few remarks.

1st.—I have conceived that the recoveries here were facilitated by the *warmth of a tropical climate*, which prevented injury to the exposed interior of the trunk from cold ; and hence I have often thought, that

operations on the organs within the trunk would be performed with more safety in warm rooms in winter, than in cool rooms ; though I cannot say that I have taken any pains to verify this conjecture. At the hospital in Keil, mentioned in the above article, two of the three successful Cæsarean operations noticed, were performed in June, and the other in December ; but that in December was naturally performed in a close room warmed by a German stove.

2d.—There are evils attending surgical operations and wounds, even in hot climates, as a locked jaw ; but these incidents have nothing to do with the case before us.

3rd.—In the first of the operations above recorded, and which was performed by Dr. Zwanck, it is said that Dr. Seidel, another medical gentleman in attendance, supported the parts exposed by the incision, with a cloth "*steeped in oil.*" Query.—May not this cloth, so steeped in oil, not only have excluded the *cold*, but also the *air*, so as to have prevented the evaporation of the *moisture* of the exposed parts, and thus have prevented their becoming *dry* ; as it also prevented the cold following upon evaporation. The hæmorrhage "*arrested by dropping cold water on it,*" was a local matter.

4th.—It is unfortunately not told what was the *posture* assumed by the above-named girl for performing her operation. It is probable that she was *seated* ; and that she had her body somewhat curved forward, is true, but on the *whole*, somewhat reclined. She might even have had an attendant, possibly younger than herself, or possibly some *friend*, whose aid she contrived to obtain.

A. B.

July 4, 1835.

P. S. The following remark on the extract, given in your last number, from Mr. Ellis's lecture on a case of Catalepsy, occurring in a hospital in Dublin, may not be without its interest ; and I therefore introduce it here, although it has no concern with *Cæsarean operations*.

It is stated (see p. 330) that Mrs. Finn, the patient, "*internally got purgatives, antispasmodics, tonics, and emmenagogues of every description.*" Mrs. Finn's case, it is to be observed, exhibited successively "*neuralgia, hysterical paroxysms, aphony, and catalepsy.*" Now it is singular, that in the above relation we learn that Mrs. Finn, by *vomiting* a clot of blood, in consequence of a *sickness at her stomach*, *immediately* recovered her voice ; and that a patient of M. Andral's, at Paris, recovered from a "*dumbness of ten days,*" *immediately after a fit of vomiting* (see p. 328 and 329)—and yet Mr. Ellis appears not to have given any *emetic* to Mrs. Finn.

## BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 29, 1835.

### PATENT MEDICINES.

ALTHOUGH there is a general expression of regret at the high-handed system of imposition practised over the land by the sale of what are termed Patent Medicines, and people of intelligence condemn both the

manufacturers and the articles which are represented to be specifics for the entire catalogue of human ills, the business thrives in an unexampled manner. Is it true that a majority of these preparations are actually patented? We apprehend such is not the fact. By some unaccountable influence, the mere declaration that a secret combination of vegetable productions has been exclusively secured to the self-styled inventor, by the official seal at the patent office at Washington, without the least accompanying evidence of the truth beside the assertion of an unprincipled speculator on the public health, gives a ready sale, in most instances, to all sorts of pseudo-medicinal compounds, from a bottle of panacea at the moderate price of three dollars, down to Mrs. Gardner's liverwort syrup. It matters not what the patent stuff may be—the sale is rapid, and the price is in proportion to the demand. If the name carries a happy allusion to a common class of diseases, the call is so much the greater; and a flourish of trumpets is never wanting on the closely-printed wrappers, in the form of numerous certificates, to urge the already duped purchaser to persevere in his meritorious patronage.

When educated physicians give countenance to these abominable cheats, which first rob the valetudinarian of his money, and then of all that remains of a shattered constitution, they deserve the unbridled condemnation of the whole community. Some of them have certainly been the aiders and abettors in this nefarious traffic, to a considerable extent, and have thus brought unmerited disgrace on the whole medical profession.

The conductors of newspapers, also, have long lent their assistance in this business. So long as the papers of the day are the bearers of charlatanical proclamations, and seducing advertisements figure in them from one year to another, as though they were stereotyped for all succeeding volumes, patent medicines will never lack for consumers. If their virtues were only known through journals of science, the world at large would have but little experience in the knaveries to which it now lends a helping hand. On the other hand, to attempt the overthrow of one of the most lucrative kinds of employment ever devised, by writing it down in *medical* periodicals, is as useless as it would be to cannonade a city in Europe by the discharge of artillery in Boston. Were the publications which convey the poison, also to carry the antidote, there would be hope of convincing the taxed multitude of the grossness of the imposition practised upon their credulity. One simultaneous determination by publishers of papers, throughout the United States, not to admit into their columns a single advertisement of these medicines, even for a single year, would nearly prostrate this scheme of cheating those who are least able to bear the loss. But as we can hardly suppose such a desirable resolve will ever be decided upon, nostrums will still maintain their ground, and new ones annually make their appearance, as the ever varying indications of society indicate new modes of attack.

We are not left without a single example, however, among the conductors of the newspaper press, of a professed readiness to take an honorable stand against this mode of continuing the evils of quackery. The West Chester (Pa.) Whig, of October 7, in some remarks on the review of Dr. Howe's discourse on quackery, contained in our last volume, makes use of the following observations. We regret to be obliged to add that the motion, at the close of the last paragraph, has not met with a solitary response from the professional brethren of the mover.



"Quackery is one of the worst evils extant. It is the Samson's jaw-bone of the age, by which thousands are slain. The same kind of animal, with the exception of the *long ears*, now furnishes the weapon of destruction, as then, with this simple difference—then it was a *bone*, now a *bolus*.

"We are doubtful whether or no Dr. Howe has hit upon the best remedy for Quackery. He would *lecture* it to death—we would *write*, or rather *print* it down. Open the battery of the Press upon it. Find editors, if there are any such, who are sufficiently independent and enlightened to 'cry aloud and spare not'—and especially to refuse to *advertise* the nostrums of quacks. That would be striking very near the root of the evil. It is the dear docile editors, who blow the bellows for empirics, and puff their vile compounds into public favor; and this, too, either gratuitously 'for the benefit of the afflicted,' or for a very paltry consideration at most.

"Our patience has long been at the point of exhaustion on this subject. It is not pleasant to be singular—it is not polite to refuse to advertise for strangers—but it is not right to tamper with the purses and health and lives of our fellow-citizens. Suppose we call a Convention of editors, and enter into grave council about this and other weighty matters. We are ready to go the whole length of all that the Press can do by fair and honorable means, to suppress quackery, and therefore move that a Convention be held. Who will second the motion?"

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#### MEDICAL SOCIETY OF TENNESSEE.

MINUTES of the proceedings of this Society at its sixth annual meeting, at Nashville, have just been received. The Society appears to be prosperous, and exerting a most desirable influence. Felix Robertson, M.D. is President, and R. C. K. Martin, M.D. Recording Secretary. The following gentlemen were appointed by the president to read papers, at the next annual meeting, on the subjects annexed to their names:—Dr. Drane, orator. Dr. Reese, on the medical topography of East Tennessee; Dr. Buchanan on Middle, and Dr. W. P. Goodwin on Western Tennessee.

The essay on Spontaneous Combustion, read before the Society by Dr. James Overton, is highly creditable to his talents, and will receive the attention, at a future day, which it merits at our hands.

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*Medical Reform in England.*—Parliamentary committee examinations develop extraordinary management on the part of those who conduct medical education in the metropolis. Nothing, however, has come to light that equals the enormity of the late Sir Everard Home's conduct, which was referred to a few weeks ago. For ourselves, we begin to suspect some of Mr. Clift's testimony. Certainly, the anatomical examination of a *dugong* made by Sir Everard not long before his death, as nearly as we can recollect, could not have been purloined from the Hunterian Manuscripts, because the animal was never heard of till long after the death of Mr. Hunter. We are extremely anxious to learn more particulars of this parliamentary evidence of Mr. Clift, and shall lay whatever may come to hand before our readers.

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*Medical Degrees.*—The Western Medical Gazette condemns the Medical College of Ohio, at a terrible rate, for its misdeeds—one of which is for granting a parchment to a book-binding dentist, &c. &c. The Ohio

institution needs, if all the reports are true, a little of Mr. Warburton's parliamentary drastic lotion, which is working miraculous effects in the guinea apartments of British medical schools.

*Small Doses of Calomel.*—Mr. Hoare, surgeon, of London, was lately called to a child of fifteen months, which had been laboring under an attack of measles. The eruption was then disappearing, and the child evidently suffering from inflammation of the lungs. *A grain and a half of calomel*, and two of James's powder, were ordered. The powder was repeated the next morning, and a third given some time after. This was all the calomel given by Mr. H. The child complained of soreness of the mouth *on the night the first powder was taken*. The third day, the mucous surface of the fauces became sore and inflamed. The parents were alarmed, and on the eighth day, although the child was then improving, called in another medical attendant, who pronounced the patient to be "in a complete state of salivation from the mercury it had taken," notwithstanding that there was no enlargement of the tongue or of any of the salivary glands, no discharge of the saliva, no ulceration of the gums, and no looseness of the teeth. The child died the thirteenth day from the time the new attendant was called; and as it inherited a scrofulous diathesis, Mr. H. thinks its death was occasioned by cynanche maligna. The absurd assertion that Mr. H.'s "treatment had killed the child," was freely circulated, as in the similar case related by Dr. Fuller, of Maine, in the 20th number of this Journal. The above facts are published by Mr. H. to disprove this assertion.

*Lithotomy.*—This operation was recently performed, very skilfully, by Professor Smith, of Cincinnati—the weight of the stone, two ounces.

*Western Medical Journals.*—Drs. Cooper and Reed have purchased the Western Journal of the Medical and Physical Sciences, which is to be united with the Medical Gazette, and published by them. Dr. Drake is to be the editor.

*Anomalies in the Length of the Intestinal Canal.*—Some examples of anomaly in the length of the intestinal canal lately presented to the *Anatomical Society* of Paris, gave the president, M. Cruveilhier, occasion to remark that a great number of measurements had been made under his eyes at *La Salpêtrière*, from which it resulted that the variations of the canal are comprised between 7½ feet for the minimum, and 21 feet as the maximum, of its length.—*Lancet*.

*Prevention of Hydrophobia.*—Dr. DAVID BURNS has called our attention in an earnest address to the importance of propagating correct opinions on this subject on the approach of the season which is especially fraught with danger from the most horrible of diseases. He particularly dwells on the fact that no cure has yet been discovered for hydrophobia when once the attack is manifested, and he would therefore urge on all persons who may unhappily chance to be bitten by any of the lesser quadrupeds, instantly to adopt measures for arresting the absorption of the maddening virus, and particularly recommends the following precaution, which is always within reach for *instantaneous* application,—the means of excision, ablation, and

the cupping-glass, being rarely close enough at hand for *immediate* use. Let the mouth of the bitten person be *applied directly* to the wound, and suction performed with force and determination. Then, as speedily as possible afterwards, let water (warm if possible, for ourselves we should say *cold*, as being less likely to excite absorption) be directed in a stream, a foot or more in height, upon the part, thoroughly washing and again sucking the injured part and washing the mouth immediately after each suction. This course should be pursued by alternations for a quarter or even half an hour. If the wound bleed, so much the better. Danger of absorption by the mouth can only occur where there is excoriation or other breach of surface in that cavity, not a common occurrence, and most likely to be prevented by ablution. However, under any circumstances the bitten person on applying his own mouth risks no attack to which he has not already been rendered a hundred-fold more liable. The knife or caustic may subsequently be used, when practicable, with the hope of increasing the security.—*Ibid.*

*Hydriodate of Potassa in Periostitis.*—Some time ago, Dr. Williams published a paper in the London Medical Gazette, containing a favorable representation of the efficacy of this remedy in the treatment of periostitis. We find in the last number of that periodical, several very interesting cases of this affection reported by Dr. Clendinning, in which the hydriodate of potassa was employed with the most happy effects. It was administered in doses of 5 to 15 or 20 grains, three times a day, and in one case as much as 30 grains was given at a dose, under the direction of Dr. Elliotson. Dr. Clendinning remarks, that he has also used it with great advantage in chronic articular rheumatism.—*N. A. Archives.*

*Creosote as an anti-emetic Agent.*—In a paper recently communicated by Dr. Elliotson, to the Royal Medical and Chirurgical Society of London, on the internal employment of this agent in several diseases, he remarks, that he knows no medicine at all to be compared to creosote in arresting vomiting, and that he had repeatedly known it succeed when prussic acid had failed. It has proved in his hands equally powerful to arrest vomiting when present, and to prevent it when threatening. In dyspepsia, also, characterized by pain, acidity, nausea, &c. he has found it very useful: but he has observed flatulency aggravated by it. It was given in doses of two or three drops at first, diffused in watery mucilage, and was gradually increased to ten drops or more. He found it useful also in several cases of neuralgia, and diabetes; and used in form of inhalations, composed of from 5 to 15 drops in a pint of water, he obtained good effects from it in chronic bronchitis; but in phthisis it was found to be powerless, except, that when inhaled, it sometimes rendered the respiration freer, and prevented expectoration.—*Med. Gazette.*—*Ibid.*

*Transposition of Viscera.*—A case of transposition of the principal viscera, lately described at the Anatomical Society of Paris by M. Grisolles, showed the evident connection which exists between the left lateral concavity of the vertebral column, and the position of the aorta at the left side of the spine. This question has been long debated, and even Bichat attributed the concavity to quite another cause, but in M. Grisolles's case the aorta being situate on the right side, the concavity was placed on that side also. It was ascertained that the subject during life was not left-handed.—*Archives Gen.*

**DIED**—Near St. Anna, in Texas, Mowry S. Peckham, M.D. late of Pawtuxet, R. I.—In New York, Dr. John Anderton.—At Westfield, Chautauque Co. N. Y. Dr. A. McIntire, aged 80.—At Sharpsburg, Ky. of cholera, Dr. Wright, one of the physicians of the place. Six or seven deaths occurred in that town in one day (July 1) by the same disease.—At Vicksburg, La. Dr. Bodley.

Whole number of deaths in Boston for the week ending July 24, 26. Males, 17—Females, 9.

Of old age, 4—scald, 1—dropsy, 2—sudden, 1—consumption, 6—suppression of urine, 1—accidental, 1—suicide, 1—hooping cough, 1—childbed, 1—typhous fever, 1—dropsy on the brain, 1—measles, 1—intemperance, 1—brain fever, 1.

### MEDICAL SCHOOL IN BOSTON.

THE MEDICAL FACULTY of Harvard University announce to the public, that the Lectures will begin on the first Wednesday in November, and continue thirteen weeks, after which time the regular course will be considered as terminated. But for the following four weeks, the Hospital and the Dissecting room will be kept open, and some Lectures will be given, without additional expense, to such students as may choose to remain.

The following Courses of Lectures will be delivered to the class of the ensuing season :

			Fee
<i>Anatomy, and the Operations of Surgery,</i>	by	JOHN C. WARREN, M.D.	\$15
<i>Chemistry,</i>	"	JOHN W. WEBSTER, M.D.	15
<i>Midwifery and Medical Jurisprudence,</i>	"	WALTER CHANNING, M.D.	10
<i>Materia Medica,</i>	"	JACOB BIGELOW, M.D.	10
<i>Principles of Surgery and Clinical Surgery,</i>	"	GEORGE HAYWARD, M.D.	10
<i>Theory and Practice of Physic, and Clinical Medicine,</i>	"	JAMES JACKSON, M.D. and JOHN WARE, M.D.	15

By an additional act of the Legislature of Massachusetts, the opportunities for the study of Practical Anatomy are now placed upon the most liberal footing. While the violation of sepulchres is prevented, it is anticipated that an ample supply of subjects for the wants of science, will be legally provided at a small expense.

The Massachusetts General Hospital is open without fee to Students attending the Lectures of the physicians and surgeons. This institution contains about sixty beds, which are, most of the time, occupied by patients who are subjects partly of medical, and partly of surgical treatment. Clinical Lectures are given several times in each week, and surgical operations are frequent. The number of surgical operations during the last five years has averaged about seventy in each year.

To the Medical College is attached a Medical Library, a costly and extensive Chemical Apparatus, and Collections illustrative of Midwifery, Materia Medica, and Healthy and Morbid Anatomy.

Boston, June 12, 1835.

June 21—1835.

WALTER CHANNING, *Dean.*

### BERKSHIRE MEDICAL INSTITUTION.

THE ANNUAL COURSE of Lectures for 1835 will commence the last Thursday in August, and continue fourteen weeks.

H. H. CHILDS, M.D. *Theory and Practice of Medicine and Obstetrics.*

E. BARTLETT, M.D. *Pathological Anatomy and Materia Medica.*

C. DEWEY, M.D. *Botany, Chemistry and Natural Philosophy.*

W. PARKER, M.D. *Anatomy, Surgery and Physiology.*

JOHN FRISSELL, A.M. *Demonstrator of Anatomy.*

The Trustees of the Berkshire Medical Institution, in issuing their annual Circular, believe themselves justified in promising to those young men, whose local situation or whose personal predilections may lead them to a connection with the School, a course of public instruction as thorough, efficient and practical, as can be enjoyed at any of our various medical establishments. To the branches heretofore taught, which have been the same as in other American Medical Schools, arrangements have been made for the addition of a course of Lectures on **PATHOLOGICAL ANATOMY**, to be illustrated by morbid specimens and by an extensive series of colored representations of diseased structures.

By legalizing the study of Anatomy, the Legislature of Massachusetts has furnished its Schools with superior advantages for Practical Anatomy. It has also, by this provision, most effectually guarded the sepulchres of the dead against all violation.

Fellows of the Massachusetts Medical Society, and those who have received the degree of M.D. are admitted gratuitously to the Lectures. The degree of M.D. is conferred at the annual Commencement of the Institution and at the Commencement of Williams College. The requisitions for the degree of Doctor in Medicine, are—three full years study under a regular practitioner, attendance on two full courses of Medical Lectures in regularly established Medical Institutions, an adequate knowledge of the Latin language, and a good moral character.

Fee for the whole course of Lectures is \$50; those who have already attended two full courses at an incorporated Medical School, pay \$10. Graduation, \$12. Board, including room rent, washing and lodging, \$1 75 per week.

In one week after the close of the Public Lectures, commences the winter Reading Term, which continues 12 weeks, and is devoted to Practical Anatomy, the Principles and Practice of Surgery, and Obstetrics.

Pittsfield, July 1, 1835.

By order of the Trustees,

C. DEWEY, *Secretary pro tem.*

**NOTE.**—The following authors are recommended to be used by the students during the Lecture Term. On *Anatomy*, C. Bell, Horner, Cloquet, and Wistar. *Surgery*, S. Cooper, W. Gibson, and Sir A. Cooper's works. *Practice and Theory*, Gregory, Good, Eberle, and Dewees. *Obstetrics*, J. Burns, Dewees, and London Practice. *Materia Medica and Medical Jurisprudence*, Beck, Chapman and Eberle. *Chemistry*, Brande, Turner and Beck.

July 15—31

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. XII.]

WEDNESDAY, AUGUST 5, 1835.

[NO. 26.]

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## REMOVAL OF CALCULI FROM THE BLADDER.

FROM A LECTURE DELIVERED AT THE NORTH LONDON HOSPITAL, BY ROBERT LISTON, ESQ. SURGEON, ETC.

[See page 394.]

THE operation of lithotomy, which has been so much abused and decried of late, is, when properly understood and gone about, one of the least painful (one of my patients from near John o'Groat's House, the northernmost point of the island, compared the sensation to that of shaving with a blunt razor) or dangerous proceedings in surgery, and it is at the same time one of the most satisfactory and successful. This opinion I am confident I shall make you converts to ; nay, more, I shall convince you ere long that I am right, if, as I doubt not, opportunities are afforded here. To be safe, the operation must be attempted only by one who has studied, and that to some purpose, the structure and relative position of the parts, who can cut with certainty into the neck of the bladder, without wounding parts of importance. But that is not all ; he must have also well considered and practised the placing and seizing and extracting of the foreign body, and in this consists the principal difficulty.

The operation has in many cases been tedious, has not been completed in a reasonable time ; parts have been wounded which had better for the patient been left untouched. But this is no fault of the proceeding. It has arisen from want of knowledge and experience, from the use of complicated apparatus. A fatal result is generally attributable to the incisions having been too much extended ; to great violence having been employed in misdirected efforts to extract the foreign body ; to infiltration of urine ; and to the delay which has taken place in finishing the operation.

You would perceive that the instruments I used were few and of simple construction—a *curved* staff, *sharp-pointed* knife, and forceps. The staff was of full size, deeply grooved, and the furrow a little towards the one side. It was held in *the same position* from first to last, close to the symphysis. The incisions were made so as to reach that part of the instrument which lay in the membranous portion of the urethra ; in truth, the knife was not directed to the staff until the fore-finger of the left hand, by which the bulb and rectum were guarded, rested on the apex of the prostate, and, I should say, that the prostatic portion of the canal alone was cut. It is immaterial, when this method is followed, whether the bladder contains fluid or not. The division of the gland was *limited*, so that the partition betwixt the cellular tissue of the perineum and pelvis was not broken down or encroached upon. Believe me, that those who advocate the *free incision* of the bladder, if any do so now-a-days, have

had little practical experience in this department. The finger followed the knife into the bladder, and the size of the stone being ascertained, and its position (for it lay a little across) altered, it was seized with the forceps and extracted in the direction of the axis of the pelvis. You might see that the stone was further adjusted in the forceps during the extraction, so that it might be delivered in the most favorable manner, and with the least difficulty. The incision was not long, but I think you will allow that it was well placed, and if so it need not be very extensive; and you might perceive that I carefully avoided directing the edge of the instrument upwards in dividing the muscular fibres, so that the artery of the bulb might not be endangered. No blood was lost, that is to say, scarcely enough to soil the fingers, and this will be generally the case if you follow the plan recommended in the work to which I have already referred you. The forceps are, as you see, of various forms and lengths, so as to suit stones of all sizes and shapes; and instead of having them presented to you as required, you will find it answer better to have them within reach, so that after making yourself sure of the volume and form of the body you have to deal with, you may take up the one that is likely to answer best, or to substitute for this instrument the scoop, which, if the stone be small or soft, and has broken up, is the most convenient instrument. If the forceps, instead of being provided with teeth, have a small piece of linen sewed within their points, you will seldom chip the stone, or ever lose your hold of it. I should have said that I prefer cutting upon a staff the form of which admits of its being conveniently held all throughout by the surgeon who assists the operator. The fore-finger of the left hand is thus left free, and by its direction the incisions can be made with precision and certainty—neither more nor less being cut than what is intended. This, I should think, cannot be exactly the case when a *straight* staff is employed, and held, as it must be, by the surgeon himself, during the most delicate part of the procedure. There can be no difficulty in reaching the bladder thus, but it must in a measure be by a thrust, such as Frere Jacques used to make, and with a tolerably good chance of slitting up some inches of the urethra with its vascular covering.

If, upon introducing the finger and feeling the stone, which is almost always possible, it appears that the limited incision of which I have spoken (say of six or seven lines, and which opening by gentle dilatation may be much enlarged) is insufficient for its passage, then without any further external cut, the right side of the prostate may be divided to a similar extent, and in the same direction, downwards and outwards, or towards the tuberosity of the ischium. It is quite time enough to perform the bilateral section when the necessity for it is ascertained positively; and it can be effected fully as well by a plain narrow knife, as by the complicated *bistouri caché* of Dupuytren. You may see that, by this proceeding, very large foreign bodies may be withdrawn from the bladder, with but slight force, and with no laceration or bruising.

The result of lithotomy *well performed* is most encouraging; the irritating cause is instantly removed, the bladder is empty and at rest for some time; it has an opportunity of recovering its healthy condition, and the chance of return of the disease need never enter into the calculation. It is strange enough that the diathesis almost uniformly is put a stop to (if

it should continue it must be corrected), and the instances in which a second operation becomes necessary are rare indeed. In the other operation, if the stone be not thoroughly at once crushed and the fragments voided, great excitement follows, and the bladder almost uniformly suffers from an inflammatory attack; the patient suffers great agony, and passes loads of vitiated and bloody mucus. The after-operations are generally borne with difficulty, the excitement is then violent and less easily subdued, and the cure, if it can be so called, is protracted and uncertain. The results are concealed, all the successful cases are triumphantly blazoned abroad, the failures carefully hushed up. The results of lithotomy can bear examination; as performed in some public institutions, there can be no concealment or mystification. In the Norwich Hospital lately, thirty-nine patients were cut in succession by the three surgeons before a fatal termination occurred. I have published a list of cases treated in public, and one only in twenty-three suffered from the operation, and the same success has followed my operations, public and private, upon some sixty or seventy others. Had I picked my cases, as many are in the habit of doing, and thus looked more to my own than my patients' interest, had I refused my assistance and the chance of relief from this cruel malady, to any but such as seemed certain to recover, my average of success might have been much higher. Not one in fifty would then, I think, have been lost.

Now you, no doubt, must have been made aware of the fact, that the greater number of patients perish from the effects of effusion of urine into the cellular tissue. You guard against this taking place to a dangerous extent, by the form and extent of the opening. Still farther, it is your business to provide for the free escape of the secretion by placing a tube in the wound, retaining it till the cellular tissue is closed by lymph—from twenty-four to sixty hours, according to the age and condition of the patient. This plan I have followed in every case, and to that, and to not keeping the patient long under intense suffering, I attribute in a great measure my success in the treatment of this disease.

I would earnestly caution you against attempting to cut quickly for display; the most mischievous consequences might follow. You should determine to proceed deliberately, to do your work conscientiously and well, and *without hurry*; the operation may be got through quickly enough, *tuto* and *celeriter*, without risk to the patient, without loss of any blood to speak of, and with much less pain than is imagined or represented by interested individuals—not more pain certainly than is often experienced in the amputation of a finger. Examine Shaw on this point, and you will be satisfied. He would endure twenty times over the operation you saw practised rather than submit again to the grinding process. I recollect performing lithotripsy and lithotomy in public on the same day in the Edinburgh hospital. The one patient complained more of the withdrawal of the instrument from the orifice of the urethra, and I really believe suffered more pain, than the patient who was cut. Those who witnessed the proceedings, I believe without exception, decided in favor of the latter operation in the majority of cases; as will most of those who have proper opportunities, and are capable, of forming a judgment in the matter.

I remarked to you the other day in the wards that inflammation is not much to be dreaded after lithotomy well performed ; and I think I stated, that of all the cases I have had the management of, blood has been abstracted only once from the arm, and in two or three instances by leeches on the hypogastrium.

Our patient has gone on favorably ; he is quite comfortable, and has been so all along ; the urine begins to flow with some heat, as might be looked for, along the proper passage, and he has required no medicine but a little castor oil.—*Lancet*.

#### OBSTINATE AMENORRHŒA CURED BY SINAPISMS TO THE MAMMÆ.

BY JOHN JONES, ESQ. SURGEON, ENGLAND.

ABOUT the end of last March I was applied to by a young woman, æt. 21, who stated that she had been laboring under suppression of the menses for upwards of eighteen months past, and that her general health had latterly become, in consequence, much deranged. The case need not be described in detail ; it will suffice to observe that the general symptoms presented were those of confirmed chlorosis. She said that she had undergone a variety of treatment, all of which had been ineffective. She still desired, however, to be subjected to a renewed trial of remedial means. I accordingly kept dosing her in good earnest for seven weeks with aloetic purgatives, mineral tonics, vegetable bitters, cantharides, secale cornutum,—indeed, until I had exhausted the whole tribe of emmenagogues, without being able to effect even the slightest appearance of the subsidence of the disease, although my patient's life was one of activity, and therefore the more favorable to her recovery. Recollecting at last that I had read in some number (the eleventh I believe) of the *Dublin Medical Journal*, a paper by one Dr. Patterson, relating two cases of amenorrhœa which had been relieved by the application of sinapisms to the mammæ (several similar cases also having been very lately related in the *Lancet*), I recommended a sinapism, consisting of equal parts of powdered mustard and linseed-meal, and warm water, q. s., to be applied over the whole of the right mamma at bed-time, and there suffered to remain as long as it could be borne. The sinapism was continued on for about an hour and a half, and on the evening of the ensuing day I found the breast very painful and much swollen, presenting general inflammatory redness of the skin, which symptoms were so much increased on the third day as to cause considerable symptomatic fever, and compel my patient to remain in bed. It was my intention, should this painful application to the one breast not succeed, to treat the other similarly, but, fortunately, I had no occasion to do so, for, on the fifth day after the application of the sinapism, the catamenia appeared in considerable quantity, and continued to discharge for nearly four days. The young woman has since menstruated regularly, and is now restored to perfect health.—*Ibid*.



# A CASE OF PREGNANCY COMPLICATED WITH OCCLUSION OF THE OS UTERI BY A THICK, STRONG MEMBRANE.

[Communicated for the Boston Medical and Surgical Journal.]

THE subject of the following case was a healthy, and apparently well formed young female, *ætat.* about 19 years. She had been twice pregnant, and required embryotomy each time before delivery could be effected. The pregnancy which furnished the case forming the subject of this communication was her third, and like the former ones had not been distinguished by any remarkable circumstances.

When I first saw this patient more than forty hours had elapsed since the accession of labor. The pains, soon after their commencement, had been observed to traverse the uterus in a peculiar manner, and differently from those of the preceding labors : they seemed to be confined to the superior division of the organ almost exclusively.

Before my arrival repeated examinations had been made per vaginam, by the midwife, an experienced and intelligent female, without being able, as she informed me herself, to "find the mouth of the womb."

The first examination which I made confirmed the representations of the midwife in every particular : I could not, even after a most diligent search, and from a prolonged examination, discover a trace of the os uteri. The novelty of the case elicited feelings of unusual interest with me, which were greatly heightened by the long-continued and severe suffering of the poor woman. A strange mystery appeared indeed to envelope the case. Examinations seemed now to promise to effect little else, than to amuse and encourage the patient by my seeming to be doing something. They were frequently repeated, and continued from pain to pain, observing the changes in the part concerned, with as much deliberation and care, as the delicate and embarrassing nature of the case would allow of. Having my finger in the vagina, I imagined (during several pains) as it pressed a certain part of the cul de sac of the vagina near its fundus, that I perceived a slight protrusion, with each succeeding return of them ; this thought at once fixed my attention to the spot with much earnestness. The pain presently recurred, and as the finger had not been removed, a most favorable opportunity for observing the change in the parts was afforded me ; I now distinctly felt the protrusion with the recurrence of the pains, although very circumscribed in extent—being confined to a mere spot. As the pains subsided, the protruded part was succeeded by a corresponding softening, hardly amounting to a recession or subsiding of it. These changes were frequently observed and as distinctly recognized :—the protrusion did not increase in extent by its very frequent recurrence, and under the influence, too, of strong pains : but it furnished the clue for unveiling this interesting case of the mystery and doubt with which it had until now been surrounded.

With these facts before me, I was irresistibly led to the conclusion that the os uteri was covered and occluded by a membrane ; that its close attachment to it as well as the contiguous parts prevented dilatation, and thus became the active instrument in resisting and interrupting labor, in its first or preparatory stage.

In this state of the case a medical friend arrived. A farther examination was now made, to satisfy our minds that the views already intimated were not gratuitous or entirely without foundation. There being a perfect unanimity and concurrence of opinion in our consultation, both as regards the nature of the case and the remediate course demanded for its relief, no time was lost in performing the operation agreed on, which was short and exceedingly simple—and executed in the following manner.

The index finger of the left hand was introduced into the vagina, and its extremity placed in contact with the protruding part. A common perforator with the point pretty sharp and keen, held in the right, was then introduced and conducted along the finger down to the protrusion, with its convexity to the hollow of the sacrum: the point now was applied a little below the most prominent part of it, under the impression that being curved, the instrument would with greater certainty enter the os uteri, after puncturing the membrane, without the danger of wounding the cervix should the protrusion be correspondent with the tincal opening. Placed in this situation the perforator was entered by a steady but gentle effort. As soon as the water began to jet from the wound, and to flow from the vagina, so as to be recognized as the liquor amnii, the puncture was enlarged, by simply opening the blades a little. The finger now was made to enter it, as the perforator was withdrawn, merely to plug it up until I could get out of the direction which the gushing sluice of the waters would be apt to take. The finger being removed, the waters flowed with great impetuosity. They were very soon evacuated, leaving the abdomen much reduced, and affording the anxious female no inconsiderable relief from pain and soreness. As soon as the water ceased to flow, I examined again. I found that the os uteri was covered by a thick, strong membrane; that I had punctured it nearly opposite to the tincal opening; and that this last had not dilated beyond the size of a twenty-cent piece. I next enlarged, with much difficulty, the puncture, by tearing the membrane with the index finger, detaching it at the same time from the margin of the os uteri and cervix, as well as the surrounding contiguous parts. While separating the membrane I distinctly perceived the os tincæ dilate, which in a few seconds was expanded to the full size for delivery—the whole operation lasted about fifteen minutes. The fœtus was now dissected away without any farther delay, though with much difficulty, owing to the contracted and compressed state of the straits. The woman's former labors, in which I had been compelled to resort to embryotomy, induced me in this case to employ it unhesitatingly and as a matter of unavoidable necessity. The fœtus was very large. The woman, after such protracted and severe suffering, felt so much relieved in mind as soon as delivery was announced, as to declare that she was entirely free from pain. There was, notwithstanding, much tenderness and soreness throughout the abdominal region. In six hours after delivery I directed an active cathartic; to be repeated once in eight or twelve hours, until the tenderness of the abdomen should subside. Recovery was rapid. The woman has been pregnant since this case occurred, requiring embryotomy before delivery could be effected, and is now in fine health.

In this case the confinement of the os uteri by so strong a membrane,

must necessarily have interrupted labor in a material degree—perhaps suspended it entirely after the first dilating efforts. The sudden expansion of the mouth of the uterus as the membrane was separated from it, seems to indicate that it was confined. I am disposed to believe that it was the only efficient means of restraining the labor; and that if pelvic deformity had not existed, delivery could never have taken place without its removal by art. The strength of the membrane, as well as of the adhesions, may be inferred with something like certainty, from the resistance it opposed to the expansive efforts of the os tincæ for more than forty hours, notwithstanding the uterine powers were violently exerted the whole time, as indicated by the severity and regularity of the pains—and from its thickness as well as the difficulty experienced in tearing and detaching it with the finger.

This certainly was a deciduous membrane, and may have resulted from the same irritation which unfolded the membranes of the uterine cavity; or it may have been more immediately connected with that of the cervix, and tincal region of the vagina, which in this case effused coagulable lymph, instead of the ordinary secretions in early pregnancy. As far as my memory serves me, the case is without a parallel, and is at the disposal of the editor of the Boston Medical and Surgical Journal, from his friend,

JOHN P. METTAUER, M.D.

Prince Edward C. H., Va. July 22d, 1835.

### ON CALOMEL IN GANGRENOPSIS.

[Communicated for the Boston Medical and Surgical Journal.]

MR. EDITOR,—Allow me to make a few remarks, not for the purpose of showing to Dr. Fuller, or others, that calomel had nothing to do in the production of gangrene, in the case given in your 20th number—for that has been ably and abundantly done by Dr. North; but to notice the strong and inveterate prejudice that quite a large proportion of the unprofessional part of community, throughout our country, have against the use of calomel (for there are some, even in Maine, according to Dr. Fuller, maliciously disposed towards it), and the spirit in which it is used by some in our profession. Now it cannot for a moment be supposed by any one acquainted with disease and the use of calomel, or mercury, in any form, that the 1-2 grain given in the case of Dr. Fuller's, had anything to do in the production of gangrene, or its fatal termination. Yet, notwithstanding, it cannot be denied that cases do occur, and those not very unfrequently, where it is injudiciously used, and where its administration has been followed by the most serious and pernicious consequences.

If any one doubts this, from want of cases that have fallen under his own observation, let him peruse the writings of Guthrie, Armstrong, Travers, Rose, Chapman, Harris, Emerson, Cooper, Thompson, Carmichael, M. Mullin, Fergusson, &c. &c. on the venereal disease, and he will find sufficient evidence to satisfy him that mercury, in some form, has at times been carried to the production of the most disastrous and fatal consequences. It is but the other day that I saw a case of gastroenteritis, in which calomel was pushed till the countenance exhibited a

most frightful appearance, owing to the excessive swelling of the cheeks, lips, tongue, fauces, and throat, while the saliva flowed in streams.

It is the observation of this, injudicious use of mercury, by the common people, at the instigation of interested quacks, and unprincipled men in our own profession, that has caused such a hue and cry, such an inveterate and overweening prejudice in the minds of a vast multitude, against it ; which has produced a war for its utter and entire destruction and annihilation, that rages in many parts of our country with as much venom, fury, and heat, as ever did feudal war or party politics, for which, as we all know, men will sacrifice everything pure, sacred or holy, either on earth or in heaven. It is this, more than any one, and perhaps all causes combined, that has produced, does continue, and will perpetuate (unless obviated), the fear, jealousy, and suspicion, that exist between what may be called the anti-calomel part of community, and the profession at large. It is this, too, that has given to mere pretenders to medicine, those without a particle of true medical knowledge, such confidence in the minds of thousands ; that has placed grossly ignorant charlatans, men who prescribe without principle and kill without remorse, on an equal standing with, and not unfrequently far above, men of the most extensive knowledge and erudition, of the most profound judgment, and of the greatest discrimination.

Now, although it is unsound philosophy to argue against the use of a thing, merely from its abuse, yet the common people have imbibed the idea that its use is, and must inevitably in a great share of the cases be, followed by such effect. Under these circumstances, is it not better to conciliate the prejudices of the people, and inspire their confidence and support, by dispensing with its use, and substituting in its stead vegetable articles, in all cases in which it would not be attended with too much risk to the welfare and safety of the patients ? Besides this, owing to the different susceptibility of different patients, which cannot always be determined, and to other accidental and modifying causes, there is some difficulty, frequently, in so managing this article, as not to produce some of its bad effects, requiring more care and caution, and tact of discrimination, than all possess, or will exercise.

Instead of this course of conciliation and forbearance, many members of the medical profession pursue a directly opposite course ; and instead of humoring the prevailing whims and prejudices, are intolerant and overbearing. And if any one have the boldness or temerity to doubt their infallibility, and the necessity of administering a medicine, the bad effects of which they so often see (or think they see), they, in the plenitude of their wisdom and power, are determined to inflict summary vengeance on them for their temerity and doubt, by a ten times more frequent and greater use of the article in question, than they otherwise would have done. This course of conduct cannot be too strongly reprobated by every well-wisher to the dignity and usefulness of his profession. Let it not be said that I have made this charge wilfully and wantonly ; that there are not such members in our profession. However melancholy the fact, there certainly are such.

The evil of which I complain is increasing, and should be remedied,

for it threatens to circumscribe the usefulness of our profession. Threatens, did I say? it not only threatens, but has done it.

From my own little experience, as well as from the instructions of Prof. Win. Tully, I am led to believe that in the treatment of all chronic diseases of functional derangement, as well as some of organic, they may be relieved with more certainty and success, and with less risk, with vegetable, than with mineral medicines; such diseases, for example, as dyspepsia, indigestion, chlorosis, epilepsy, chorea, &c. And if the mercurials are used in any of these cases, except simply as cathartics, they should be the non-purging and non-salivating ones—such as the bichlorides, protoxid, the iodo-hydrargeric acid, and the iodo-hydrargerate of the prot-iodid of potassium. In all cases of acute inflammation and fever, except those of the most exquisite entonic diathesis, and those the most malignant and sinking, the use of mercury cannot well nor safely be dispensed with. But more perhaps of this hereafter.

Yours, truly,

G. C. HOWARD, M.D.

*Rush, Munroe Co. New York, July 21st, 1835.*

## BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 5, 1835.

### DR. BIGELOW'S DISCOURSE.

WITHIN the last few years, the annual discourses before the Massachusetts Medical Society have been very meritorious productions. Dr. Bigelow's, which has been several times adverted to since its delivery, is manifestly a departure from the common order of addresses, containing something practically useful to the physician; and while the reader is impressed with the truth of the author's observations, he feels that some service has been rendered to the progressive science of medicine.

A great show of words without meaning, is no part of the doctor's forte. Being a close and accurate observer, and accustomed to philosophise for himself, whatever he presents to the public eye bears the impress of originality, and possesses the rare quality, in these hacknied days of worldly wisdom, of being strictly his own.

"In comparing," says Dr. B. "the advances which have been made, during the present age, in different departments of medical science, we are brought to the conclusion that they have not all been cultivated with equally satisfactory success. Some of them have received new and important illustrations from scientific inquiry, but others are still surrounded with their original difficulties. The structure and functions of the human body, the laws which govern the progress of its diseases, and more especially the diagnosis of its morbid conditions, are better understood now, than they were at the beginning of the present century. But the science of therapeutics, or the branch of knowledge by the application of which physicians are expected to remove diseases, has not, seemingly, attained to a much more elevated standing than it formerly possessed. The records of mortality attest its frequent failures, and the inability to control the event of diseases, which at times is felt by the most gifted and expe-

rienced practitioners, give evidence that, in many cases, disease is more easily understood than cured."

This is a plain statement of facts, however mortifying it must be to those who boast of their skillful application of remedies : and it is honest, too.

"This deficiency," he continues, "of the healing art, is not justly attributable to any want of sagacity or diligence on the part of the medical profession. It belongs rather to the inherent difficulties of the case, and is, after abating the effect of errors and accidents, to be ascribed to the apparent fact, that certain morbid processes in the human body have a definite and necessary career, from which they are not to be diverted by any known agents with which it is in our power to oppose them. To these morbid affections, the duration of which, and frequently the event also, are beyond the control of our present remedial means, I have, on the present occasion, applied the name of *Self-limited diseases* ; and it will be the object of this discourse to endeavor to show the existence of such a class, and to inquire how far certain individual diseases may be considered as belonging to it.

"By a self-limited disease, I would be understood to express one which receives limits from its own nature, and not from foreign influences ; one which, after it has obtained foothold in the system, cannot, in the present state of our knowledge, be eradicated, or abridged, by art,—but to which there is due a certain succession of processes, to be completed in a certain time ; which time and processes may vary with the constitution and condition of the patient, and may tend to death, or to recovery, but are not known to be shortened, or greatly changed, by medical treatment."

A great change is evidently taking place in regard to the old mode of theorizing upon every malady to which man is incident. Facts are now first demanded, and every one may then dispose of them according to his own individual fancy. Dr. Bigelow, in the following paragraph, makes a bold declaration, but it is nevertheless true—and yet he is the only eminent practitioner who has had the courage to assert it in this country. The closing remark, however, in which the idea is advanced that the services of a physician are useless, is quite as startling to us as it would be to a patient in the last stages of disease, on being told that he must trust entirely to luck for recovery.

"The existence of a class of diseases, like those under consideration, is, to a certain extent, already admitted, both by the profession and the public ; and this admission is evinced by the use of certain familiar terms of expression. Thus, when people speak of a 'settled disease,' or of the time of 'the run of a disease,' it implies, on their part, a recognition of the law, that certain diseases regulate their own limits and period of continuance.

"It is difficult to select a perfectly satisfactory or convincing example of a self-limited disease from among the graver morbid affections, because in these affections, the solicitude of the practitioner usually leads him to the employment of remedies, in consequence of which, the effect of remedies is mixed up with the phenomena of disease, so that the mind has difficulty in separating them. We must therefore seek for our most striking or decisive examples among those diseases which are sufficiently mild, not to be thought to require ordinarily the use of remedies, and in which the natural history of the disease may be observed, divested of foreign influences. Such examples are found in the vaccine disease, the chicken-

pox, and the salivation produced by mercury. These are strictly self-limited diseases, having their own rise, climax, and decline, and I know of no *medical* practice which is able, were it deemed necessary, to divert them from their appropriate course, or to hasten their termination."

The best part of the dissertation commences on the thirteenth page. We advise our young physicians, particularly, to profit by this able writer; which can be the most effectually accomplished by purchasing the pamphlet, though it is our intention to republish all its essential points.

"Under the simple self-limited diseases, we may class *hooping cough*. This disease has its regular increase, height, and decline, occupying ordinarily from one to six months. During this period, medical treatment is for the most part of no avail. After hooping cough has reached its climax, change of air sometimes appears to hasten convalescence. Also if inflammatory, or other morbid affections, supervene upon the pure disease, they may become subjects for medical treatment. With these exceptions, hooping cough appears to be a self-limited disease.

"Most of the class of diseases usually denominated eruptive fevers, are self-limited. *Measles*, for example, is never known to be cut short by art, or abridged of its natural career. *Scarlet fever*, a disease of which we have had much and fatal experience during the last three years, is eminently of this character."

"*Smallpox* is another example of the class of affections under consideration. It may, at first view, appear that inoculation has placed artificial limits on this disease. But it must be recollected, that inoculated smallpox is itself only a milder variety of the same disease, having its own customary limits of extent and duration, which are fixed, quite as much as those of the distinct and confluent forms of the natural disease.

"*Erysipelas* is an eruptive fever, having strong analogies with those which have been detailed. It is not certain that art can very materially affect either the duration or the extent of this malady."

"It is a question of great interest to the medical profession, to determine whether *typhus* is a disease susceptible of control from medical means. On this subject no one now doubts, that if the disease is once fairly established in the system, it cannot be eradicated by art, but must complete a certain natural course, before convalescence can take place. But a question still exists, whether this disease is capable of being jugulated, or broken up, at its outset, by the early application of remedies."

A want of room, not of inclination, prevents us from being more elaborate, both in comments and in selections from this discourse, alike honorable to Dr. Bigelow and to the Society. We shall continue making extracts, hereafter, in the order in which it was written, not doubting the good service we shall be doing our professional brethren in the various sections of the United States where our Journal so freely circulates.

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#### MEDICAL COLLEGE OF OHIO.

LAST week a paragraphic notice was given of a certain supplement to the Western Journal, which gives a detailed history of the troubles in that apparently rotten institution. We cannot refrain from expressing our conviction that the difficulty is not yet so effectually obviated by removing a phalanx of adhesive professors, as to insure the future prosperity and glory of the college. Indeed, while the state of feeling exists among the members of the medical profession throughout Ohio, to be inferred from

the spirit of the document before us, rather than from any positive declarations, the great School of Lexington, Kentucky, which seems to be the leviathan to be overcome, will increase in power and in influence.

The management discoverable in reading the report—which must be regarded as particularly unfortunate, for it is greatly to be feared that it will prove the future blight of the college—will produce a vast deal of angry commotion.

We are utter strangers to every person of the old and the newly organized board of faculty, and therefore cannot be supposed to be influenced in these remarks by any partialities. The gentlemen displaced by the trustees were Drs. Eberle, Cobb, Smith and Moorhead. The new faculty is comprised of the following gentlemen—who combine as much intellectual strength as could have been selected.

Special and Surgical Anatomy, by Joseph N. McDowell, M.D. General and Pathological Anatomy, Physiology and Medical Jurisprudence, by Samuel D. Gross, M.D. late of the Medical College of Ohio. Surgery, by Horatio G. Jameson, M.D. late of the Washington Medical College, Baltimore. Obstetrics and the Diseases peculiar to Women and Children, by Landon C. Rives, M.D. late of the State of Virginia. Chemistry and Pharmacy, by James B. Rogers, M.D. late of the Washington Medical College, Baltimore. Materia Medica, by John P. Harrison, M.D. late of Louisville, Kentucky, now of Philadelphia. Theory and Practice of Medicine, by Daniel Drake, M.D. Adjunct Professor of Chemistry and Lecturer on Botany, John L. Riddell, M.A. late of the State of New York.

But after all, a house divided against itself cannot stand.

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*Death of Medical Men.*—Since the commencement of the eleventh volume of this Journal, we have carefully recorded the deaths of all the medical men whose names have reached us through other publications. Dr. Bigelow very forcibly remarks—"The death of medical men is an occurrence which eminently demands our attention, for it speaks to us of our science and of ourselves. It reminds us, that we, in turn, are to become victims of the incompetency of our own art. It admonishes us, that the sphere of our professional exertions is limited, at last, by insurmountable barriers. It brings with it the humiliating conclusion, that while other sciences have been carried forward, within our own time and almost under our own eyes, to a degree of unprecedented advancement, medicine, in regard to some of its professed and most important objects, is still an ineffectual speculation: Observations are multiplied, but the observers disappear, and leave their task unfinished. We have seen the maturity of age, and the ardent purpose of youth, called off from the half cultivated field of their labors, expectations and promise. It becomes us to look upon this deeply interesting subject with unprejudiced eyes, and to endeavor to elicit useful truth from the great lesson that surrounds us."

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*Coma Somnolentum.*—Dr. Fosbroke, physician to the Ross Dispensary, has recently reported an extraordinary case of trance, in a girl thirteen years old, which was treated principally with sulphate of zinc. She slept twice, thirty-six hours at a time. The mucous membrane of the alimentary canal was evidently disordered, and "*colonized with worms*," for which M. Peschier's ethereal tinct. of mole fern buds was prescribed, in



doses from viij. to xxx. gtt. ter die, dropped on sugar. Thread worms, *tricocephali*, were dislodged, but the tendency to sleep was more particularly interrupted by the emetics.

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*Causes of Indigestion.*—Dr. Higgins, an eminent writer on climate, diet, &c. says that drinking over quantities of tea and coffee, is the most frequent and powerful cause of indigestion. Every man acquainted with dispensary or hospital practice in a large city or town, says the doctor, cannot fail to have remarked the frequency of this cause of indigestion, particularly amongst female servants and poor room keepers. If they consent to abandon the habit, they are speedily cured. If not, their stomach and nervous complaints persist ad infinitum.

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*Rupture of the Heart.*—A man having died suddenly, a few months since, at Macroom, county of Cork, an impression was entertained that his death had been produced by a blow from the handle of a spade across the loins, by a fellow laborer. Fifty hours after the decease, accompanied by a magistrate, Dr. McCarthy had the body disinterred for examination. On opening the thorax, the pericardium was enormously distended, which being opened, gave a coagulum of blood weighing four pounds. A rupture was discovered in the left ventricle of the heart, only about two lines in diameter, situated about three quarters of an inch below the junction of the organ with the aorta. It was subsequently ascertained that the deceased had been ailing ten years, and that he had been subject to severe palpitations and violent pains in the chest. The doctor decided, at once, that he died from natural causes, and not from inflicted violence at the hand of any person.

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*Edinburgh Surgery.*—Since Mr. Liston's departure for London, there seems to have been bad management at the North. There is a great pretender on the tapis, characterized by the critics as the *surgical leviathan*, who protected his finger in an operation for fistula, with a *horn spoon*. An abscess requiring to be opened, was deferred till the "*inflammation had gone off!*" In a luxation of the humerus, of four weeks standing, the leviathan pulled it upwards of an hour—gave nauseating doses—bled the poor fellow—and then dismissed the patient no better than he found him—telling the pupils that the humerus had never been reduced after a luxation of four weeks! Cooper says ten weeks is not too late.

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*Foreign Substance in the Rectum.*—Several cases were detailed, a few weeks since, of individuals laboring under some real or imaginary difficulty in the lower bowel, attempting manual remedy by the introduction of sticks, &c. In one of the latest foreign journals, is an account of one Maggeridge, fifty years old, who forced a rough branch of a tree, knobbed and warty, seven inches long and seven in circumference, so far up the rectum that he could not remove it. His object was to rub a stone to pieces in his bladder. The surgeon who extracted it, Dr. Gray, could feel it above the pubis. The calibre of the rectum was distended by the forceps, in drawing out the block, to the enormous circumference of ten inches. The patient was well directly, so far as the stick was concerned.

**Hydrophobia.**—A foreign physician recommends, in cases of this painful and hitherto uncontrolled malady, that the body of the patient should be surrounded by *nascent chlorine*, disengaged from a retort, and confined by an envelope of Mackintosh's air tight and water-proof cloth. India rubber cloth, such as manufactured in Boston, is a better article. The patient should be permitted to breathe atmospheric air imbued with chlorine, disengaged from a mixture of peroxyde of manganese and muriatic acid, contained in a cup resting in a basin of tepid water. The suggestion is certainly worthy of trial.

**Dictionary of Practical Medicine.**—After all that has been said in this country and England of the early forthcoming of this excellent work, the third Part only made its appearance on the 13th of June. A reprint cannot, therefore, very probably be given to us in the United States, for some considerable time.

**A profitable Medical Job.**—Every stage of the parliamentary medical reform committee, in England, exhibits astonishing abuses and downright iniquity. Money—money—money—is the sole object of every one of those who should dispense honors. Twenty-five candidates have often been examined in one night, in the course of the last ten years. On one occasion the number of candidates examined at one single sitting of six hours, was thirty-four—thirty-one being admitted. The sum received from the lucky ones, was eight hundred and fifty pounds sterling!—pocketed by the counsel.

**George James Guthrie, Esq.**—This distinguished surgeon is now receiving multiplied stripes at the hand of that foe to medical corruption, Mr. Wakley, who, since he found himself comfortably seated in the House of Commons, grows bolder than ever, and, if we mistake not, plans and arranges the whole of his friend Warburton's batteries, so destructive to medical monopolies in the city of London.

**Ringworm.**—If the accounts are to be relied upon, ringworm is extensively prevalent at this time throughout Ireland. We are so frequently asked for a remedy, without ever having prescribed effectually, that any suggestions from our contributors would be regarded with interest.

**Post-mortem of Don Augustus, of Portugal.**—There is lying before us a report by Dr. James R. Taylor, who examined the body of his late imperial highness Augustus—minutely drawn up, but, unfortunately, too long for our purpose. The medical counsel say that he sunk under the violence of *angina crupal*.

**Fraud in Physic.**—A case of interest to the profession as well as medical brokers, has been decided before Sir N. C. Tindal, in the English court of Common Pleas. John Rawbone brought an action against Arthy Matthews, to recover damages for alleged false and deceitful representations made by the defendant to induce the plaintiff to pay three hundred guineas for a practice connected with a small retail drug shop. It being clearly proved that the represented income was untrue, a verdict was given in favor of the plaintiff of 200*l*. The deceptions played off by the London medical brokers, equal in iniquity the low vices of a gambling house.

**Catechu in Mercurial Ptyalism.**—Capt. B., twenty-five years of age, having had occasion to undergo a short course of mercury, whilst his regiment was encamped near Harwich, during rather a cold summer, unexpectedly experienced, about the fifth day of the course, approaching ptyalism; and when I was summoned to visit him in the evening, I found him in bed, spitting, or rather slavering, profusely, and presenting a picture of despair, from distress of mind, occasioned by his situation at a moment when he was daily expecting a visit from a party of valued friends, most of them females, to the camp. It was no easy matter to determine under these urgent circumstances what means to use. I had long ago proved the utter inefficiency of alum, opium, and other reputed antidotes against salivation, and at last I thought of catechu, of which I had made a strong decoction for some other purpose, though it was a remedy as yet untried, at least by me. To be brief, I desired my patient to take a wineglassful (about 3ii. to 3iiss.) of this decoction every two hours, or even oftener, if his stomach would bear it; and also to gargle his mouth and fauces as frequently as possible with the same. The result was, that when I visited him early on the next morning, the spitting had entirely ceased, and every other sign of the effects of mercury had wholly disappeared, debility from the ptyalism alone excepted. I think that since this case occurred I have had further proof of the efficacy of catechu in obviating the ultimate effects of mercury, and I invite your numerous readers to make trial of it in cases of mercurial ptyalism. Instead of 3iiss. of catechu to half a pint of boiling water, according to the London Pharmacopœia, I use at least 3iij. to that quantity of boiling water; for whether infusion or decoction be used, it ought to be made as strong as possible.—*Lancet*.

**Marsh Fevers: Quinine in great Doses.**—The town of Bougie (one of the points garrisoned by the French in the neighborhood of Algiers) is built on a semicircular range of mountains near the sea, and looks down upon a large open plain, in which the mountain streams discharge themselves and stagnate. Hence the troops stationed in this marshy situation were extensively attacked with intermittent fever, which, in a great number of cases, assumed the character of the malignant fever of warm climates. Without being deceived by the apparent inflammatory or nervous symptoms with which the malignant intermittent fever often commences, the author immediately had recourse to the sulphate of quinine as an antidote, but soon discovered the inefficacy of this remedy in the doses ordinarily employed; he therefore acted with more boldness as soon as any symptoms of the fever appeared, and gave from forty to sixty grains a day; usually one half by the mouth, the other by the rectum. Opium was associated with great advantage with the quinine, in the quantity of four to six grains per day. These means were also seconded by general and local bleeding and revulsives.

Although the doses of the sulphate of quinine were carried so high (two scruples daily for several days), the author never observed any of those toxicological phenomena which a great number of writers on the *materia medica* attribute to this preparation when given in large quantities. The necessity of keeping the soldiers constantly in the same quarters, and the repeated exposure to the malignant exhalations, gave rise to numerous relapses, and hence those who were cured once, twice, or even three times, sank under repeated attacks of the disease. This explains

the apparent aggravation of the fever at a later period, and the diminished efficacy of the sulphate of quinine. Thus at the commencement (July 1st, 1834) the garrison of Bougie numbered 3300 men. During the first two months the mortality amounted only to 1-35, while six months after the invasion of the fever it had destroyed 1-5 of the whole number.

The principal point to be noticed with regard to the observations of M. Martinet is the fact that sulphate of quinine in ordinary doses has little or no influence over some forms of the malignant intermittent fever, while its beneficial effects are instantly perceptible if the dose be carried to ten or twelve times its ordinary quantity.—*Ibid.*

Whole number of deaths in Boston for the week ending August 1, 40. Males, 23—Females, 17.

Of cancer, 1—decline, 1—liver complaint, 1—bilious fever, 3—old age, 1—infantile, 2—accidental, 2—measles, 3—scarlet fever, 3—inflammation of the bowels, 2—paralysis, 1—suicide, 1—dropsy, 1—consumption, 4—croup, 1—throat distemper, 1—typhous fever, 3—cramp in the stomach, 1—cholera infantum, 2—dropsy on the brain, 1—sudden, 1—intemperance, 1—apoplexy, 1.

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Boston, April 1, 1835.

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## BIOGRAPHICAL NOTICE OF THE LATE J. GREELY STEVENSON, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

"DIED, June 5th, 1835, at the White Sulphur Springs, Virginia, J. G. Stevenson, M.D. aged 36." This short sentence contains matter of deep interest alike to many friends, and to the public. In the death of Dr. Stevenson his friends have lost one whom they honored and loved; the public have lost a useful citizen. He would have asked no other memorial than this. He would have been satisfied to have known that he had been thought in any sense faithful to his public and to his private duties. He was singularly averse to all such display as has for its end to draw particular attention to the individual, and still he was constantly directing his mind to what would be widely felt. He was strictly a professional man, a studious and practical physician; but the very offices which these relations involve were always bringing before him matters of various and important concern, and about these he labored to acquire accurate information, and carefully laid up what he learnt, to be beneficially used as opportunity might allow. This interest in what was personal to himself, belonging to his daily occupations, and in what was of a more strictly public nature, was always apparent to those who were at all intimate with him. They saw in him a strong and active interest in present objects, and a preparation steadily acquiring strength for the future. The story of such a life is soon told. But its elements are too interesting to be passed over in a simple enumeration of them. The memory of such a character is good for those who cherish it; and friendship asks to make a record of it in the hope that the good of others may be promoted, while it is indulged in paying its last melancholy tribute.

J. Greely Stevenson was born in Boston, March 28th, 1799. Having received his preparatory education in the Public Writing, Grammar and Latin School of his native town, he was entered at Harvard in 1812, being 13 years of age. He graduated in 1816, and began the study of medicine under the direction of the late Dr. John Gorham. The friendly and affectionate interest taken by Dr. Gorham in his pupil continued unabated to his death, and on that event many of those who had been under his professional care, transferred their confidence at once to his pupil, who retained it undiminished during his life. In memory of his deeply valued instructor, Dr. Stevenson gave to his eldest son his name.

In 1817, Dr. Stevenson was appointed tutor in the Latin School, and very soon succeeded to the place of sub-master. During this time he continued his professional studies. He went to England in May, 1824, and remained abroad till November, 1825, visiting France and Italy.

His health had become impaired by a very sedentary life, and in going to Europe he looked for and found among rare opportunities for acquiring knowledge, the means of re-establishing his health. He graduated Doctor in Medicine in Harvard University, February, 1826. The thesis he read and defended on this occasion was on the "Theory of Disease."

From this time we find him actively engaged in the duties of his profession. He was chosen one of the physicians of the Boston Dispensary when fewer physicians than now held the office at the same time, and when of course the practice in this most excellent charity was much more extensive and arduous to the medical officers than it is at present. He prized the advantages offered him by the Dispensary very highly, and long after he had left it, he continued his gratuitous services to many who had been his patients on the charity. The estimation in which he was held in this institution is fully shown by his being appointed one of its Directors. His services in the public school were not forgotten in his after life, when the maturity of his judgment and the great accuracy of his views on all matters of his regard, could be made useful in their application to our system of education. He was chosen one of the School Committee, and devoted to this important office all the time and labor his other duties allowed.

It is in the memory of all, that wherever cholera has first appeared, it has brought alarm and panic with it. As soon as it has touched a country or a continent, dismay has manifested itself. Distance is felt to be no security against its invasions, and death has been in its whole career. In view of these facts it occurred to Dr. Stevenson that great good might be done by an association which should combine numbers, great numbers, and of all classes and of all professions, for the simple and pledged purpose to assist each other in case the disease appeared here, and to offer their aid to the whole community. He talked with some friends upon this subject. The plan was well received, and the *Relief Society* was organized. The city was divided into convenient departments—committees appointed over these—and under the direction of these were placed all the members residing in the several districts, the committees having had granted to them the fullest powers in disposing of individuals just as the circumstances of cases might demand. The effect of all this was truly good. The disease came, and at first it attacked some numbers, but never many; but these had the constant care of judicious individuals anxious at all hours to render them most useful assistance. A sense of security came thus to be imparted to the whole community, and this was doubtless among the causes that prevented a wider spread of the desolating epidemic.

Another institution which owed its origin to Dr. Stevenson, and which was earlier in time than the last, was the *Society for the Diffusion of Useful Knowledge*. For many years lectures from learned men, on a great variety of topics, have been given before this Society under the direction of its officers, and the public interest in them has been kept up. Its publications have been very useful. It adopted the plan of rendering its instructions easily accessible to all classes, by making the expense of attending on them very small, and this has been followed by succeeding associations. The direct agency of Dr. Stevenson in forming this society, and

in aiding to continue its operations through its whole history, deserves a distinct and honorable mention among his efforts for advancing the public good.

To the cause of *Temperance* Dr. Stevenson devoted himself with the same zeal which marked his career in all good objects. He was early a member of our State Society, and for some years one of its Secretaries. Nothing but sickness ever kept him from the meetings of the Council. He was anxious that the wise and good of all he knew might lend their aid to this cause. In talking of it one day to a friend, he acknowledged that in looking back on what he had done, of a public nature, he thought his efforts for the *Temperance Reform* came to his remembrance as among those which he could find most pleasure in. The good done here he felt was a great and obvious good, and in the union of men of all countries and all classes, in this cause, he with all its friends looked for its sure success.

Dr. Stevenson died at an age when the individual, if ever, takes his place amongst men; when the mind manifests its power, and the conduct discovers to all the moral character of the individual. He had passed through the discipline which is the lot of self-dependence, and he had passed it honorably and successfully. He was not a man to regret that such had been his lot. Its discipline is severe, and the demands it makes great, and sometimes hard to be borne. Still he felt that in its path, however narrow, occasions were always to be met with which a man may make useful both to himself and others. The great opportunity for individual progress furnished by such a beginning of life, is the labor, the moral and intellectual labor, it imposes; and success comes to none with such deep, such true enjoyment, as to those who have been, through their whole course, the ministers to their own good progress. In our brief history of his life may be seen how successful he had been. Feeble health, which took him occasionally from necessary occupation, did not depress him. He submitted with almost unexampled cheerfulness to the painful and to the discouraging, and his efficiency always returned along with power.

Dr. Stevenson's character may be gathered from what has been narrated of him. But there were elements in it which claim to be more distinctly noticed. The first and most important of these was the love of truth. He held in abhorrence every form of untruth. However and wherever this was discovered by him, you saw how deeply it affected him. It shook his confidence in the moral nature, and rebuke, silent or openly declared, he always felt it to be his duty to express. With this supreme love of truth there was united what almost always accompanies it, a perfect absence of fear of the individual. Awe of man never entered into the great sentiment of benevolence with which he regarded all men. He possessed true moral courage. These elements, if existing alone, not rarely lead to the repulsive, and frequently the unamiable; but when combined with true kindness, form together the most perfect character. In Dr. Stevenson there was this union. Kindness was as much a part of him as any the strongest of his affections. It extended to everything which could feel its power. He considered kind doing, springing from the desire to promote good, an act of devotion. "When," said he one day, "I take my horse out of the hot sunshine into the shade, that I may

add to his comfort, I feel as if I had offered devotion to God. What is it but an act of kindness, a form of love, and on what higher principle than benevolence can man's conduct rest?" This simple anecdote is better than a whole history of character. This spirit of kindness was always with him. It manifested itself in early life. As one of the instructors in the Latin School, it gave to his conduct to his scholars what they never forgot. His requirements were distinctly declared, and rigidly enforced. He was as honest then, to himself and to others, as at the latest period of his life. But his native kindness was present with discipline, and however severe occasion might make this, the boys always loved while they respected him. Their attachment was declared by many acts when he was making his preparations for going to Europe. We hope we may be permitted to name one who never ceased in the recollection of his school days, to express his sincere respect and unabated affection for Dr. Stevenson, the late DR. JAMES JACKSON, JR. He felt the moral beauty of his character, and loved to dwell on the season he had passed under his instruction. He, too, is dead. He died in the earliest days of manhood, but his youth was as the ripeness of advanced life. Truly was knowledge gray hairs unto him, and his spotless life was old age.

Dr. Stevenson's mind was steadily and wisely cultivated. His early education was unusually accurate, and the foundation he then laid for classical learning served him in his later studies of ancient literature. His residence in France and Italy made him familiar with the language and writings of those countries, and he came to the study of his profession with a variety in his means of medical learning, which is not very common among our students. He was faithful to his advantages. He was always a student. He read medicine to the last, with his pen in his hand, and his manuscripts show how great was his industry. He took great delight in reading, and he had a remarkable facility in doing this, which enabled him to read a great deal in a short time. His memory was very retentive, and in giving accounts of books, quoting opinions of authors, and stating facts, the greatest accuracy was habitually shown. He had special dislike to exaggeration. His love of truth made everything like this offensive, and hence he was always ready, and happy to report things, whether facts, doctrines, or opinions, just as they were set down or met with, and for the most part in the language in which he had heard or read them. He was thus an industrious and faithful student. His judgment was excellent, and his strong, native understanding, peculiarly fitted him for the profession he had chosen. He collected its facts with great care, saw the differences of things, the true key to all knowledge, distinctly, and was thus enabled to form accurate diagnoses. His progress had begun to be rapid. He deserved the public confidence, and was receiving it, and the best prospects were before him of extensive and honorable professional reputation.

His intellectual and moral qualities, thus imperfectly sketched, were discoverable in his relations with others. In his intercourse with the sick his manner was simple, mild, dignified, and remarkably direct. In his directions to his patients these qualities were always strikingly displayed, so that no important mistake could arise as to the use of

remedies by attendants, unless from great forgetfulness or carelessness. The deceptions which the infirmities of disease, the mistaken kindness or indulgence of friends, occasionally gave rise to, and which, though very rarely, proceed from worse motives, Dr. Stevenson always regarded as of too serious moment ever to be passed over unnoticed. At first he treated them mildly, but with such firmness of manner as to show what his thoughts of them were, and if persisted in, he ceased his attendance, and this sometimes at once, and without any remark. He felt that the contract which is tacitly entered into by the physician and patient, made up as it is of the rightful and necessary confidence which must subsist between them,—the belief that what is directed is wisely ordered, and the trust that it will be complied with,—he felt that this relation was severed when the rule was purposely departed from, more especially if the deviation had been concealed, and that he could no longer benefit his patient.

Dr. Stevenson's character was equally declared in his intercourse with society. His address was singularly attractive. This he owed to his moral habits, and his intellectual cultivation. These however were much aided by the benevolent expression of his countenance, and his finely toned voice. The writer speaking of him after the news of his death reached us, to one who had long known him, and whose opinions we all respect, having dwelt on what he thought his distinguishing traits for some time, the individual referred to, remarked, "What you say is all true. Dr. Stevenson was a 'gentleman,' and by this term I mean to express the combination of all the qualities, the kindness, the courtesy, the moral dignity, &c., which we have always found in him." This it was which secured to him the large good will and respect which he enjoyed. He made friends wherever he was, whether in Pisa, in Italy, where he resided some time, and formed friendships which outlived long absence and distance; or in the far south and west of our own continent, where he lately sought for means of renovated health, but where he found his distant grave. The casual companions of his journeyings soon became fond of him, and it is cause of the truest consolation to his friends to know that though so distant from them, in the last weeks and days of his life, he had the kindest attentions of those who travelled with him, when acute suffering and ultimately fatal illness asked those offices which those dearest to us have most power to bestow.

It was said that Dr. Stevenson discovered in early life a tendency to grave disease, but that this seemed to have passed away under the salutary uses of foreign travel. But he could never have been called perfectly healthy. He was apparently robust, and in full flesh, while his countenance was pallid, and more or less difficulty in breathing was produced in ascending heights and on quick motion. Still he kept on, faithful to duty, laboring in a field which required many sacrifices, but yielding to such a mind the most precious fruits. About two years ago he lost two children, his only sons. It hardly need be said how deeply afflictive these losses were. He braced himself up to duty in the midst and pressure of this accumulated sorrow, and grew firmer in the accomplishment of what was before him, by the discipline under which he so deeply suffered. It was thought however by those who most closely watched him, that he gradually lost health after these events. Perhaps

failure had been longer making progress, and now declared itself with more power under the weight of trouble which came upon him. He made no complaint, and however ill and feeble he might look, always answered the inquiries about himself in a cheerful manner, declaring he felt quite well. This same indisposition to complain, to make painful demands on the sympathy of those around him, characterised his whole long illness, and did not desert him even in the day and the hour of death.

More than a year ago Dr. Stevenson was seized with an obscure disease, resembling in many of its symptoms continued fever, and having complicated with these others of less easily determined character. He was confined to bed some weeks, and during convalescence went from home, and continued in the country until health seemed tolerably restored. He however was never perfectly well after this. He suffered from severe pain, and at times great swelling of one of his legs. His stomach was frequently so irritable as not to tolerate food for a day or more, rejecting whatever might be taken, unchanged, and with hardly the least previous nausea. He had also headache at times, soreness of throat, and increasing difficulty of breathing, occasionally accompanied by cough. His nights were sleepless, and his days or most part of them filled up with professional, and not unfrequently hard labor. The winter passed by, and as the spring returned it was judged best by his medical advisers that he should leave home in this very harsh season in New England, and pass some months at the south. Under this advice he went to Charleston, S. Carolina. He gained nothing while there, and finding some of his complaints to be increasing, left Charleston for the White Sulphur Springs in Virginia. His journey was full of suffering. Dropsy, which had been confined to one limb, soon extended itself over the whole body. The difficulty of breathing amounted at times almost to suffocation. In his letters he sometimes spoke of his extreme suffering from this cause. But when he did so, and gave his symptoms in the fullest details, it was after such a manner that you might easily suppose he was stating professionally the case of somebody else, and not his own. So remarkable was this in his letters, that a friend in writing him remarked particularly upon it, and added that this gave him the strongest hope of his ultimate recovery.

His powers of mind remained unweakened to the very last. He was sitting up on the day of his death, and a friend seeing how exhausted he was, and believing from sure signs that he was dying, urged his lying down. He consented, but said he had no other reason for doing so than to gratify this friend. He had in fact that day spoken of making arrangements for proceeding in a carriage to a more elevated spot, where he thought he should certainly breathe more easily. He laid himself down on his bed, closed his eyes as for sleep, and never opened them again. His death came by approaches at last so gentle, that he knew not of its coming; and sunk into his everlasting rest, as tranquilly as if he only slept.

The following is the epitaph on his gravestone :—

**"JONATHAN GREELY STEVENSON,**  
**OF BOSTON.**

Died 5th June, 1835.—Aged 36 Years.

Were his grave in his native city, it would require no epitaph.

The inscription of his name, there universally known, would suffice to tell, that beneath it repose the remains of a highly gifted, just and generous man,—a pre-eminently learned and skilful physician,—a most active and judicious philanthropist; and of a son, a husband, a father, a brother and a friend, than whom none was ever more devoted, or more devotedly beloved.

He lived in the exercise, and died in the hopes of the faith, that though 'the dust shall return to the earth as it was, the spirit shall return to God who gave it.'

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**MEDICAL TREATMENT IN TYPHUS.**

[WE continue our extracts from Dr. Bigelow's Discourse, and present this week the remainder of his remarks on Typhus, begun in our last number.]

It must be allowed, that attacks of disease resembling those of typhus, sometimes speedily disappear during the use of remedies; but it is by no means certain that such cases are actually cases of typhus. The diagnosis of typhus, during the first day or two, is extremely difficult, its character being simulated by different febrile and inflammatory affections; so that if a patient, under the use of remedies, succeeds in avoiding protracted disease, we are not justified in saying that the disease he has escaped was typhus. Andral, whose experiments on the different modes of treatment in continued fever, are very extensive, has stated, that in a number of cases, observed by him, in which the fever was sufficiently intense, the disease ceased in twenty-four or forty-eight hours, without any treatment, except that of rest and regulated diet.

Moreover, in weighing the influence of treatment, it ought to be recollected that during the existence of any prevailing epidemic, mild cases, partaking of a similar character to that of the reigning disease, continually appear among the less susceptible part of the community. Thus cholera is attended by diarrhoea or cholérine, influenza by mild catarrh, smallpox by varioloid, scarlet fever by slight sore throats or ephemeral eruptions, &c. Now, although these cases are in reality modified examples of the grave diseases which they accompany, yet I believe that no well-informed physician will attribute the mildness or shortness of their character to his own particular practice.

On the other hand, it is certain that cases of real typhus do come under active treatment at an early stage, without being broken up, or disarmed of their appropriate consequences. This particularly happens, when the disease is endemic in families, so that successive cases begin, as it were, under the eye of the attending physician, who has every possible inducement to detect and prevent them, if he can. In such families, indeed, it will sometimes happen, that febrile attacks of different kinds, consequent upon fatigue and anxiety, and perhaps partaking of the typhoid character, will take place among the friends and attendants of the sick; and these may disappear speedily, under rest and evacuations. But that grave and specific typhus will thus disappear, is a point of which we as yet

want proof. That it sometimes fails to disappear, we have abundant proof.

Typhus has, in many respects, a marked affinity with the class of eruptive fevers, which are supposed to depend on a specific morbid poison, and which no one pretends to intercept, after the body has become infected with them. Scarlet fever and measles, for example, when once established, require a certain number of days to finish their course ; so also does typhus. Scarlet fever and measles can, in most cases, be had but once during life ; but to this general rule there are exceptions. The same is precisely true in regard to typhus. The contagiousness of scarlet fever is a point of dispute among physicians ; and so is that of typhus. Scarlet fever is attended with an eruption on the skin. Typhus also has for one of its most constant symptoms a red, lenticular eruption, called by the French *taches*, consisting of a few, scattered, rose-colored pimples, appearing chiefly on the trunk, from about the sixth to the nineteenth day of the disease. There also occurs, in most subjects, a minute, vesicular eruption, called *sudamina*, about the neck and elsewhere. In scarlet fever, moreover, certain portions of the mucous membrane undergo morbid alterations, particularly on the tonsils, and other parts of the fauces, and these frequently degenerate into ulcers, affecting the subjacent textures. In like manner, in typhus, the mucous membrane of the glandular patches in the small intestines, which have been named after the anatomist Peyer, undergo morbid changes, and these changes are followed by ulcerations, and sometimes perforations, of the intestine. This fact, established by the researches of Louis and other pathologists in Paris, has been abundantly confirmed by post-mortem examinations made in this country during the last few years. If it be objected to the proposed classification of typhus, that the *taches* are sometimes few in number, or wholly absent ; it is equally true, that the pustules of inoculated smallpox are likewise often very few, or absent, and that the eruption of scarlatina sometimes wholly fails to appear. The sore throat also in the latter disease is wanting, quite as often, to say the least, as the morbid affection of Peyer's glands.

Before quitting the subject of typhus, I beg leave to introduce the opinion of one or two medical writers, in regard to the possibility of interrupting or breaking up this disease by means of art. M. Louis, of whose researches in regard to typhus, it is but small praise to say, that they are more exact and comprehensive than those of any living writer, is of opinion that the disease cannot be thus intercepted. "Experience," says he, "has shown, that a well-marked typhoid affection is not capable of being broken up." To this testimony of one of the most eminent teachers in the French metropolis, it may not be amiss to add that of an American physician, whose opportunities for observing the disease in different parts of New England were extensive, and whose Essay on Typhus Fever well merits an attentive perusal. The late Dr. Nathan Smith, in the course of some remarks on the possibility of interrupting this disease at its commencement, observes, "During the whole of my practice I have never been satisfied that I have cut short a single case of typhus, that I knew to be such."

Having said thus much, I leave the subject of the tractability of



typhus to the light of futuré investigation. It is but justice to state, that numerous and highly respectable authorities are declared in favor of the efficacy of art in shortening and mitigating this disease ; and it will be a source of gratification to the friends of humanity and science, should it ultimately be settled that the active treatment now usually pursued at the commencement of typhus, is instrumental in lessening its duration, severity, or danger.

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#### REMARKS ON CHOLERA.

[THE following extract is the conclusion of an interesting article on the malignant cholera, by Richard Sexton, M.D., of Baltimore, published in the last number of the N. A. Archives of Medical Science.]

It will be perceived that the foregoing remarks include a treatment, destitute, to a great degree, of the characteristics of heroism. After the partial or sole management of about 250 cases, in the various stages and combinations, for relieving which, a great variety of practice was pursued, I have concluded that a calm and patient system of management is preferable to any which may keep the patient excited, may make repeated and large draughts on his nervous energy, or which may attempt to vanquish by some bold stroke, the probable consequence of which will be rather to conquer the patient than the stubborn malady.

Is malignant cholera atmospheric or contagious ? I would not desire to occupy these valuable pages with a discussion of a question, which, every medical library bears testimony, has been copiously argued in many a bulky volume. I wish merely to record an individual opinion. The facts brought forward by disputants on the contagiousness of the disease, exhibit great incongruity in their nature. When one party decide that cholera is propagated solely by atmospheric constitution, an abundance of strong facts is readily ushered forward to render its decision apparently judicious ; and if another party declare the malady to be contagious, every unprejudiced person must admit that the conclusion is correctly deduced from several occurrences, known as indisputable in medical and political history.

What better order can be made to arise out of this chaos of strong fact, than simply this : that the disorder owes both origin and perpetuation to atmospheric constitution or miasm, but that effluvia from the diseased body, is one cause of its extension ?

We need not allude to other diseases which are believed, by some authors, to be propagated under similar principles, only with the view to remind of the fact ; for that scarlatina, rubeola, and pertussis, receive extension through both aerial miasm and personal contagion, is an opinion defended by several noted medical writers. Malignant cholera should be classed under the same head, as in all probability should be likewise arranged the whole of those awful pestilences, which, in different ages, have overrun nations and continents.

The greatest difficulty against admitting this opinion, is in its philosophy. Thus : Does nature require two such active agents to propagate a disease, when either would be amply sufficient to effect her object ?

Can the personal contagion be the same in substance as the atmospheric miasm? And it must be so, or how can dissimilar first causes produce the same disease? These are rational inquiries; but they are those of speculation, to answer which, are brought forward the opposing facts. The observation of actual occurrences constitutes the only mean by which the truths of nature can be determined by mankind. Therefore, it is more proper first to seek for facts, and then to permit a natural conclusion to flow from their tenor, rather than to embrace an opinion deduced from partial circumstances, or from speculative views, and, afterwards, to endeavor to force all the premises to bow down to the support of such a conclusion.

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## BOSTON MEDICAL AND SURGICAL JOURNAL

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BOSTON, AUGUST 12, 1835.

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### THE JOURNAL.

With this number we commence the THIRTEENTH VOLUME of the Boston Medical and Surgical Journal. Its age is certainly an evidence of the patronage it receives from the medical profession, which we acknowledge with much gratitude.

With an ambition to sustain a respectable rank among the scientific periodicals of the country, and with our corresponding efforts, it will still be impossible to meet the views of physicians, or answer our own designs, without the continued and constant support of those who have thus far manifested a regard for the character and usefulness of a publication exclusively their own.

The idea of perfectly satisfying every one in relation either to the method of conducting the Journal, or the quality of the articles which find a record in its pages, is not entertained. With the most honest intentions, we have doubtless committed many errors; but we derive satisfaction from the consciousness of having endeavored to meet the public approbation, however unsuccessful the effort may sometimes have been. To present the reader with a synopsis of the professional intelligence of this, and other countries distinguished for their advancement in medicine, surgery, and their collateral branches, and make the Journal an organ of communication, in which practitioners may freely disseminate their discoveries, their experience and even their theories, has been an important consideration. Communications have been liberally supplied, and they are continually coming; so that we are warranted in saying that for variety, importance and originality, for which we are free to acknowledge our indebtedness, this Journal has not been surpassed by any other in the United States—and perhaps no other one circulates more extensively in this country.

Were it certain that a large proportion of the subscribers would be willing to pay a small additional expense, we should be exceedingly happy to increase the number of pages, as has been suggested by several friends and patrons, and thus give nearly double the amount of matter, weekly; but at the present price, it would be ruinous to our finances to vary the Journal very materially from its present form and dimensions.

Still, should our prospects continue to brighten, we do not despair, at some future day, of making alterations of this kind, without any increase of price. To effect it, however, depends upon the friendship and assistance of our professional brethren. Reports of cases, essays, and all other productions having a connection with the science which we are humbly endeavoring to advance, will not only be particularly serviceable at the time they are given to the reader, who looks here with an expectation of being benefited by the labors and acquirements of others, but a permanent fund will be thus gradually accumulating, which at no very distant period will greatly redound to the honor and advantage of the medical literature of this new and enterprising country.

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#### INJURIOUS EFFECTS OF SALT.

DR. W. MATEER, out-door visiting physician of the Belfast Dispensary, refers to the application of many adults who complained of the same kind of indisposition. The symptoms were great weakness, lassitude after any ordinary exertion, a feeling of soreness through the whole body, and a sensation at the region of the heart, which the patients themselves differently described as a "crushing," "tearing," and "gnawing" at the heart, together with palpitation, stitches through the chest, a catching cough, dyspnoea, and costiveness of the bowels, but with appetite unimpaired. These complaints were found only among the lower classes, whose condition differed from that of the higher in nothing so much as in the nature of their diet, which among the former consisted in a great part of salted provisions, which were but sparingly used by the rich. From these circumstances, in connection with the fact that the entire disuse of salted provisions, and a diet of fresh vegetables and fresh meat, continued for some time, always afforded relief, Dr. M. was induced to attribute the symptoms above-mentioned to the *inordinate use of salted provisions*. He is disposed to attribute their deleterious effects in a great measure to the action of the salt; from which opinion, however, the editor of the *Medico-Chirurgical Review* dissents, and considers that the evil is caused by the want of nutrition and indigestibility of the food thus hardened, and that if flesh, fish, &c. could be preserved and rendered hard and difficult of digestion by any other material than salt, the same or nearly the same train of symptoms would be the result.

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#### COMPARATIVE MORTALITY IN DIFFERENT PARTS OF ENGLAND.

From the voluminous reports collected by Mr. Pickman, it appears that in England and Wales there are 117 families to 100 houses—in Scotland, 133 to 100—in Ireland, 110 to 100. But the circumstances in the three kingdoms are so very different, that no inference can be drawn from a comparison on this point. London and Liverpool, however, may be compared in this respect. In London there are 171 families to 100 houses, and the annual mortality was 1 in 44 in the year 1830. In Liverpool there are only 131 families to 100 houses, and the mortality was 1 in 52 of the population during the same year. Hull has 134 families to 100 houses—and the mortality is 1 in 49. Bristol shows 131 families to 100 houses—the mortality 1 in 61. This shows that the degree of isolation will not account entirely for the degree of salubrity. Liverpool and Bristol are situated alike in this respect, and yet there is a great diffe-

rence in the ratio of mortality. Again, in Manchester, there are 116 families to 100 houses, and the mortality is 1 in 30; whilst in Birmingham, where there are 105 families to 100 houses, the mortality is 1 in 68—not one-half of the Manchester mortality! This enormous disproportion must be owing chiefly to the greater destruction of juvenile life in Manchester than in Birmingham, for obvious reasons—viz. the employment of young people in the former locality, and the intractability of the Birmingham material of manufacture requiring adult hands. In the woollen manufactures, the applicability of infant labor holds a middle place, and the crowding of population and mortality are proportionably less. In Leeds there are 111 families to 100 houses, and the mortality is 1 in 48. What must be the influence of concentration, then, in Dublin, where 252 families are *compressed*, for they can hardly be said to live, in 100 houses? What in Edinburgh, where 310 families conglomerate in 100 houses? Or in Paisley, where the astonishing number of 360 families exist in 100 houses? We have not the means at present of estimating the actual mortality in these places. In England and Wales, the ratio of coacervation has been diminishing 2 per cent. in the ten years between the last two centuries, while that ratio has been increasing in Scotland at about 2 per cent.

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#### REMOVAL OF CALCULI.

BARON HEURTELOUP, whose name has doubtless become familiar to our readers, appears to have carried the art of Lithotripsy to a great degree of perfection. He has recently reported several cases of operations performed on aged men with complete success—which are the more surprising from the fact that he effected the destruction of the stones in a few minutes after the introduction of the instrument. His *percuteur* seems to act like a conscious being—picking up calculi, here and there, with as much precision as a surgeon would direct with his eye. According to his own account, he not only designates precisely the number of calculi, where several exist, but also speaks confidently of their shapes. It is certainly surprising that some ingenious anatomist does not devote himself to practise lithotripsy in the United States. The field is completely unoccupied, and promises distinction to any one who may heartily devote himself to the practice of this humane branch of operative surgery.

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*Lithotomy in New York.*—A Scotch puppy, who being more civilly treated abroad than he probably ever was at home, having witnessed the operation of lithotomy in New York, by one of the first surgeons of America, the last season, has described the process in the London Lancet. He says the surgeon “having put on a large morning gown, sat down, and instead of putting the scalpel cautiously and firmly into the perineum, made a dab at it as if he was stabbing some reptile.” After consuming nearly an hour, he seized the stone “again—tied the handles (*forceps*) with a pocket handkerchief—got two men to pull it, and after some minutes extracted the stone, and a monstrous ragged looking one it was, weighing seven ounces one drachm. The case was published next day, as an extraordinary operation, and the patient was said to be doing well.” The whole article is a gross slander, which we hope our professional brethren of New York, for the honor of the country, will take into their hands, and chastise the infamous author as he richly deserves.

**Strychnine as an Endermic Application.**—M. Bally has employed strychnine in this manner with considerable success. Of two men affected with paralysis of the hands, one was evidently cured by the application of a grain to a grain and a half of strychnine daily, to the raw surface produced by a blister. The second recovered the use of one hand, and nearly recovered that of the other, and a third paraplegic patient was able to walk. M. Lesieur has applied powdered strychnine, one-sixth of a grain, to the blistered surface, for hemiplegia; when the quantity was increased to two grains, a paroxysm of tetanus supervened, which was dissipated by the substitution of acetate of morphine for the strychnine. Strychnine has also been employed endermically, to the temple, in amaurosis.

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**Glanders in a Man.**—A singular case has very lately been put on record, in London, of a groom who contracted glanders of a horse, to which he administered medicine for the cure of that afflictive disease to which this noble animal is predisposed. While forcing down liquids, using a sponge, &c. the horse sneezed, and thus threw both his saliva and the matter discharging from the nostrils, into his face. Having suffered, apparently, all the symptoms and pains, he was finally cured by the *creosote*. This may possibly be a remedy for glanders, and we beg to make the suggestion for the benefit of stablers, farmers, and those who keep horses.

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**Lectures on Embryology.**—M. Flourens is now giving a splendid course of lectures on this subject, which for deep physiological interest have never been surpassed. Elegance of diction, combined with a thorough knowledge of the theories of all his predecessors, from Aristotle to writers of his own age, characterize, thus far, the able discourses of M. Flourens. Though we have received only the third lecture of the proposed series, which embraces the consideration of the doctrines of *epigenesis* and the system of *evolution*, which have each had most powerful advocates, enough has come to hand to convince us very satisfactorily of the high attainments, industry, research and talents of the indefatigable author.

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**Stone Eater.**—Mention is made in a Southern paper of a negro boy, 6 years of age, who is in the habit of eating pebbles, some of them as large as the end of one's thumb. The quantity of two gallons has been voided in the course of a fortnight, of various forms and sizes. The boy is said to be in good health and sprightly. Many similar cases in adults are on medical record.

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**Death by Quackery.**—The public papers contain an account of a fatal termination of a case treated by steam, in Southbridge, in this State. Cannot some of our correspondents, in that vicinity, give us the facts.

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**Prize Essay.**—The Boylston Committee of Harvard University have awarded the premium of Fifty Dollars, or a Gold Medal of that value, to Usher Parsons, M.D. of Providence, R. I. for the best Treatise on Cancer. We understand that this is the fourth time the premium has been awarded to the same gentleman.

**Mala Praxis.**—England appears to be infested with as many ignorant professional pretenders as any on the globe, notwithstanding the efforts of numerous schools of the very first order. A patient, not long since, had the smallpox, for which the physician prescribed for a fortnight;—but as she seemed to be dying daily, a surgeon, who was called in consultation, declared her in *articulo mortis*. The friends, however, not being satisfied, called a third, who found the woman in labor! The two first mistook the presentation of the membranes at the orificum vaginæ, for the bladder!

**Bold Operation.**—Mr. Liston operated for the stone, recently, on a man sixty-one years old, from whom two stones were extracted. But that which gave importance to the matter, was this, viz. that in withdrawing the forceps a portion of the prostate gland, "*the size of half a walnut*," was brought away, which had been detached by a bistoury necessarily resorted to for the purpose of enlarging the orifice. Mr. Liston said it "could easily be spared, as he (the patient) had abundance of the gland." At last accounts, the old gentleman was *doing exceedingly well*.

**The Smallpox** appears to prevail in different parts of the State of Vermont. No particulars have been received.

**Old Age.**—An advanced term of life and decrepitude are commonly conceived to be synonymous: the extension of life is vulgarly supposed to be the protraction of the period of infirmity and suffering, that period which is characterized by a progressive diminution of the power of sensation, and a consequent and proportionate loss of the power of enjoyment, the "*sans teeth, sans eyes, sans taste, sans everything*." But this is so far from being true, that it is not within the compass of human powers to protract in any sensible degree the period of old age properly so called, that is, the stage of decrepitude. In this stage of existence, the physical changes that successively take place, clog, day by day, the vital machinery, until it can no longer play. In a space of time, fixed within narrow limits, the flame of life must then inevitably expire, for the processes that feed it fail. But though, when fully come, the term of old age cannot be extended, the coming of the term may be postponed. To the preceding stage, an indefinite number of years may be added. And this is a fact of the deepest interest to human nature.—*Southwood Smith*.

**Case of Poisoning, detected seven Years after Death.**—The body had been interred in ground which was rather elevated, and the soil of which would rapidly absorb any moisture. The coffin, when exposed, was found entire, but very fragile, and so dry, that its inner surface "*n'était pas même tachetée par l'humidité*." The corpse was entire; the head, trunk, muscles, &c. retained their natural position; the thoracic and abdominal viscera were completely disorganized; the only traces of them being a soft brownish matter resting on the sides of the spinal column. It was in this matter that MM. Ozanum and Ide discovered the presence of arsenic by the following processes. The matter was boiled in repeated quantities of distilled water as long as this (the water) was in the least degree discolored. The different decoctions were then mixed together, and the

whole evaporated to a dry extract, which was re-dissolved in boiling distilled water; but as this solution was still of a deep color, it was again evaporated to dryness, and the residue was deflagrated in a porcelain vessel, with nitrate of potass; the saline mass thus obtained was dissolved in water and treated with nitric acid, and then with a solution of pure potass. The presence of the arsenious acid was most satisfactorily detected by applying the usual well-known tests to different portions of the solution obtained in the above method.—*Orfila, Gazette de Santé.*

*Gallic Acid.*—Dobereiner obtains pure gallic acid in a few minutes by the following process. A concentrated decoction of gall-nuts, mixed with a little acetic acid to decompose the gallate of lime, is shaken for one minute with a quantity of ether. The gallic acid is taken up by the ether, and by spontaneous evaporation on a watch glass is obtained in small colorless prisms. If longer digested, the liquid separates into three portions. The lightest contains the gallic and acetic acids, if the latter be present in excess; the next an ethereal solution of tannin; and the heaviest, the water and extractive matter.—*Report of British Association.*

*Singular preservation of Life in a Molluscan Animal.*—N. Rang, Member of the Royal Academy of Sciences of Paris, received four young specimens of *Anodonta rubens*, Lam., from Senegal, and although they had been enveloped in cotton for two months, they were still alive; he had learnt that these animals live eight months of the year out of water, upon the ground suddenly abandoned by the river, and that they remain during six of these months exposed to the ardent heat of the Senegal.—*Athenaeum.*

*On the Rapidity of Vegetable Organization.*—The vegetable kingdom presents us with innumerable instances, not only of the extraordinary divisibility of matter, but of its activity in the almost incredible rapid development of cellular structure in certain plants. Thus, the *Bovista giganteum* (a species of fungus) has been known to acquire the size of a gourd in one night. Now, supposing with Professor Lindley, that the cellules of this plant are not less than the  $\frac{1}{250}$ th of an inch in diameter, a plant of the above size will contain no less 47,000,000,000 cellules; so that, supposing it to have grown in the course of twelve hours, its cellules must have been developed at the rate of nearly 4,000,000,000 per hour, or of more than 96,000,000 in a minute! and, when we consider that every one of these cellules must be composed of innumerable molecules, each of which is composed of others, we are perfectly overwhelmed with the minuteness and number of the parts employed in this single production of nature.—*American Journal of Science and Arts.*

**DIED**—At Staten Island, Dr. John Durkee, of Meredith, N. H.—In London, recently, Dr. J. M. Mugliston, surgeon, aged 48, deservedly lamented.

Whole number of deaths in Boston for the week ending August 8, 37. Males, 26—Females, 11.

Of measles, 2—pleurisy, 1—dropsy on the brain, 3—bilious fever, 3—child-bed, 1—lung fever, 1—infantile, 5—consumption, 5—teething, 1—drowned, 3—typhoid fever, 1—chickenpox, 1—inflammation of the bowels, 1—syphilis, 1—hooping cough, 1—fits, 1—inflammation of the brain, 1—pleurisy fever, 1—cholera infantum, 1—erysipelas, 1—poison, 1—debility, 1. Stillborn, 4.

1835 July	THERMOMETER.			BAROMETER.			Appearance of the Atmosphere	Wind	Rain	Memoranda, &c.
	Min.	Max.	Mean	Min.	Max.	Mean				
Wed. 1	49.00	64.00	56.50	29.75	29.80	29.775	Cumulus	SW		
Thur. 2	51.50	80.00	65.75	29.62	29.80	29.710	"	"		
Frid. 3	61.00	85.50	73.25	29.61	29.62	29.620	Cumuli	"		Barom. 29.63 a. 10 m.
Satur. 4	65.00	90.00	77.50	29.63	29.78	29.710	"	"	.05	Rain a. SE a.
Sun. 5	65.00	86.50	75.75	29.80	29.83	29.815	Cumulus	"	.02	Rain a. NW a.
Mon. 6	66.00	75.00	70.50	29.88	29.95	29.915	Cir. c. strat.	SE	.65	Rain, SW, a.
Tues. 7	59.00	82.00	70.50	29.95	30.00	29.950	Cumuli	SW		Barometer 29.90 a.
Wed. 8	66.00	86.00	75.00	29.90	29.92	29.910	Cumulus	"		Therm. 64° a. NE a.
Thur. 9	61.00	70.00	65.50	30.00	30.05	30.025	Cir. c. strat.	"	.02	Rain m. (noon. 10 m.)
Frid. 10	60.00	64.00	61.50	30.04	30.00	30.020	"	SE	.20	Rain m & a. Th. 59° at
Satur. 11	53.00	78.00	67.00	30.06	30.10	30.080	Cumuli	NW		
Sun. 12	60.00	89.00	70.00	30.05	30.10	30.075	Cir. cumulus	SW		
Mon. 13	67.00	91.00	79.00	29.85	29.92	29.885	Cumuli	"	.20	Nimbus at night
Tues. 14	68.50	89.00	78.75	29.82	29.85	29.835	"	"		[n't, NE. R'n, SW, a.
Wed. 15	70.00	87.50	78.75	29.83	29.88	29.855	Cir. c. strat.	"	3.16	Rain & Nim. R'n thro'
Thur. 16	61.00	77.00	69.00	29.62	29.85	29.735	"	NE		
Frid. 17	60.00	74.00	67.00	29.95	30.00	29.975	Cumuli	SW		( m.
Satur. 18	61.00	75.50	68.25	30.03	30.08	30.055	Cir. cumuli	SE		
Sun. 19	63.00	85.00	74.00	29.95	30.05	30.000	Cumuli	SW		
Mon. 20	63.00	88.00	75.50	29.96	30.05	30.005	Cumulus	SE		& cir. c. strat. SW a.
Tues. 21	69.00	85.00	77.00	30.08	30.12	30.100	Cir. c. strat.	"	.12	Rain m and a. SW a.
Wed. 22	64.50	81.00	72.75	30.12	30.14	30.130	Cirrus	NW		
Thur. 23	64.00	87.00	75.50	30.06	30.15	30.105	Cirri	SW		
Frid. 24	65.00	87.00	76.00	29.98	30.06	30.020	"	"		[night. 10 a.
Satur. 25	67.50	87.00	77.25	29.85	30.00	29.925	Cumuli	"	.15	Cir. c. st. a. Nim. dur'g
Sun. 26	67.00	69.00	66.00	29.92	30.08	30.000	"	NE		Therm. 63° at 2 PM.
Mon. 27	57.50	73.50	65.50	30.15	30.18	30.163	Cirrus	SW		
Tues. 28	55.00	82.00	69.00	30.10	30.18	30.140	Cumulus	"		
Wed. 29	63.50	71.00	67.25	29.90	30.08	29.990	Cir. c. strat.	SE	1.20	Rain & SW a. Nimbus
Thur. 30	61.50	80.00	70.75	29.78	29.85	29.815	Cumulus	SW	.06	Stratus m. Shower a.
Frid. 31	64.00	84.50	74.25	29.62	29.78	29.700	Cir. c. strat.	SE	.95	Nim., rain, a & at night
Aggreg.	62.34	80.48	71.62	29.89	29.97	29.9367	Cumuli	SW	6.78	

Result.—Mean temperature, 71.620; maximum, 13th, wind SW, 91.00; minimum, 1st, wind SW, 49.00; greatest daily variation, 2d, wind SW, 29.50; least daily variation, 10th, wind SE, 4.00; range of thermometer for the month, 42.00; increase of mean temperature from June, 6.845; prevailing atmosphere, cumuli (clear). Prevailing wind, SW. Mean atmospheric pressure, 29.9367; maximum, 27th, wind SW, 30.18; minimum, 3d, wind SW, 29.61; greatest daily variation, 16th, wind NE, 0.23; least daily variation, 3d, wind SW, 0.01; range of barometer, 0.57; increase of atmospheric pressure from June, 0.0137; rain, 6.78 inches.

Comparative with July, 1834.—Mean temperature, 73.346; maximum, 96.50; minimum, 55.50; prevailing atmosphere, cumuli. Mean atmospheric pressure, 29.990; maximum, 30.36; minimum, 29.65; rain, 6.87 inches; prevailing wind, SW.

Fort Independence, Boston, August 1, 1835.

B.

## ADVERTISEMENTS.

JOHN S. BARTLETT, M.D. M.M.S.S., late of Marblehead, has removed to this city, and may be found at the house of Thomas Murphy, Esq. No. 22 Atkinson Street.  
Boston, August 12, 1835. tf.

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Boston, February 4, 1835. eptf.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, post-paid. J. V. C. SMITH, M.D. Editor. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy, gratis.—Postage the same as for a newspaper.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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[NO. 2.]

## ON SPONTANEOUS COMBUSTION.

FROM AN ESSAY READ AT THE LAST ANNUAL MEETING OF THE MED. SOCIETY  
OF TENNESSEE, BY JAMES OVERTON, M.D.

THE phenomenon of spontaneous combustion is by no means confined to the human body, but occurs much most frequently in materials not endowed with the peculiar attributes of vitality. This latter phenomenon, of the character of which neither physicians nor chemists have always succeeded in furnishing a satisfactory explication, is thought, however, with some unanimity of opinion, to depend upon the great affinity which certain substances are known to possess for the matter of oxygen, and that this principle is operative, whether the oxygen be derived from the atmosphere, from water, or any other material with which they are placed in contact. When water is the material which furnishes the oxygen to substances possessing this peculiar attraction for it, hydrogen gas is set at liberty, and by its combustion, or subsequent combination with oxygen, water is again produced. This property of spontaneous combustion in inanimate bodies, and which has been denominated *pyrophorescence*, but which upon the present occasion it may not be proper to examine in greater detail, possesses however great interest when viewed in relation to the conservation of individual property, and the promotion of the public safety and salubrity. For, besides that many conflagrations of wide extent are known to have had their origin in spontaneous combustion, it will not be doubted, that mixtures susceptible of this process, at least when their masses are considerable, vitiate the character of the surrounding atmosphere; and especially the air of habitations and restricted localities; since even before entering into sensible combustion, these substances absorb oxygen and disengage hydrogen gas, in which sulphur, carbon, and even phosphorus is often dissolved in quantities more or less abundant.

Among the various substances capable of spontaneous combustion, are particularly noticed masses of pit-coal, of manure, and especially of horse manure, of hay of different kinds, of wet or moist moss, of bales of cotton, moist or wet and closely packed in the holds of ships, and of green and humid vegetables in general, thrown together in large masses. Such is also said to be the character of masses of hemp impregnated with oil or grease; sail cloth and oil cloths, the different metallic sulphurets moistened, cotton and woollen cloths in large masses and embued with oil, old peltry, and old greasy cloths heaped up in masses; masses of tow impregnated with lard or oil, or flax or hemp seed, grains of the pulse kind in heaps, masses of chips or saw dust, some kinds of dried hides, nitric

and sulphuric acid placed in contact with expressed or essential oils, phosphoretted hydrogen gas, ammonia, sulphuret of antimony, arsenic, bismuth and zinc submitted to an atmosphere of oxygenated muriatic gas, quicklime moistened and in contact with bodies easily combustible, as chaff, dry wood, &c. &c., phosphorus, pyrophorus, potassium, sodium, &c. &c.

If, however, the phenomenon of spontaneous combustion be of a character to excite our surprise when viewed in connection with inanimate matter, with what additional wonder may we not contemplate its existence, when exhibited in the living body of an individual of our own species ; and that, too, under circumstances indicating no important deviation from its ordinary physiological condition ?

When we consider the large quantity of wood or other combustible material, which is demanded for the incineration of a human body, and when we calculate the great slowness with which this process is actually executed, we cannot but with great difficulty allow the possibility of its accomplishment in the living body, spontaneously, in the space of a few minutes, at a very low temperature of the atmosphere, and without the least sensible intervention of any material in a state of previous ignition. Notwithstanding this apparent improbability, nothing is more real than the existence of this singular phenomenon ; which merits consequently the serious consideration of every physician, and of him especially who gives to the subject of medical jurisprudence any considerable share of professional attention. In truth, spontaneous human combustion enters directly and necessarily into the doctrine of equivocal deaths ; and it is, consequently, essential that we should be competent to identify such cases, in order that we may not be exposed to the danger of ascribing to premeditated crime, or other causes, results which may have been the effect of a totally different cause. The following history is deemed not to be impertinent or useless in illustration of the truth of the suggestion, which makes an acquaintance with the phenomena of spontaneous combustion a part of the professional duty of every physician.

In 1725, the wife of a man by the name of Millet perished as the victim of spontaneous combustion, in the city of Rheims, in France. Her remains were found in the kitchen, at the distance of a foot or foot and a half from the chimney. Some portions of the bones of the head, of the inferior extremities, and some of the dorsal vertebræ, had alone escaped entire incineration. Millet owned or possessed a maid servant, who was young, and remarkable for her extraordinary beauty ; and disreputable and alarming suspicions were soon started against him. Millet was subjected to all the rigors of a criminal prosecution, and finally convicted and condemned to be executed for the murder of his wife. He took an appeal from this decision, and, arraigned before a more enlightened tribunal, the case was ascertained to be one of "spontaneous combustion," and Millet consequently escaped at once from the horrors of the scaffold and the odium of having been the murderer of his own wife.

There is reported in a *Leipsic journal*, the history of a female, fifty years of age, very much addicted to the intemperate use of spirituous liquors, and who never went to bed except in a state of intoxication from this intemperance. She was found in the morning reduced to ashes.

The bones of the two femurs only, and some other small portions of the skeleton, had not been subjected to total incineration.

In the "Acts of Copenhagen," another medical journal, there is published the case of a woman, who made immoderate use of alcoholic liquors and took but little nourishment, having gone to sleep in her chair after her usual potation. She was found entirely burnt up, with the exception of the bones of the cranium, and the terminal phalanges of the fingers. In 1765, a noble lady of France, sixty years of age, and who was in the frequent habit of bathing her whole body in camphorated spirit of wine, was found burnt up, at a distance from her bed, from which it seemed that she had been driven by the heat and suffering attendant upon the accident. It was demonstrated that the fire in her apartment had had no agency in the production of her death. The candles in her room had burnt to their ends, and the wicks were still remaining entire in the candlesticks.

The room where this spontaneous combustion had occurred was filled with a humid soot, of the color of ashes ; it had penetrated the texture of her curtains, and stained her bed linen.

Many other sufficiently attested cases of spontaneous combustion are doubtless to be found in foreign and domestic journals, and which have occurred at periods more or less remote from the present time. During the termination of the last century, and within the period included by the portion of the present already elapsed, these facts have been brought together with great care by different investigators. Upon the continent of Europe, the labors of Messieurs Lair and Kopp in this curious field of research have been crowned by great interest and success.

But it should not be forgotten that all the cases reported by these highly respectable authors were immediately fatal ; and consequently presented to observation no other evidence of their cause and character than such as were deducible from the aspect of the remains of the combustion, and the character of other contingent and posterior circumstances.

We have, however, one case on record, and one only, so far as I am able to discover, of a different character ; and which affords the highest interest, as the victim of it survived the catastrophe for some time, was seen by others during the progress of the combustion, and was entirely competent, after its occurrence, to detail the different circumstances which immediately preceded and followed, as well as those which accompanied the accident.

The case referred to is reported to have occurred in Italy, in the district of Livizzano near Florence, in the person of a priest, and to have been distinguished by the following circumstances. He had gone on the day of its occurrence to a fair, at a small village distant some miles from his residence, upon matter of personal business. After having spent the greater part of the day in travelling about the environs of the place for the transaction of his business, he set out in the evening towards an adjacent village, and arrived at the house of a brother-in-law, who lived in this latter place, shortly afterwards. As soon as he arrived, he desired to be conducted to the apartment which was designed for his occupation ; there, he passed his handkerchief between his shoulders and his shirt, and every person but himself having retired from the room, he directly

betook himself to the rehearsal of his breviary. A few minutes had scarcely elapsed, when an extraordinary noise was heard in the apartment where Bartholi the priest had just been placed ; and this noise, mingled with which was distinctly recognized the cries of the holy father, having caused the inmates of the house to run to him with great haste, they found him extended upon the hearth and surrounded by a light flame, which receded in proportion as they drew near, and soon vanished away. He was immediately placed upon his bed, and such remedies as were at hand administered for his relief by his friends. On the succeeding day the physician who has reported the case was requested to visit him, who carefully examined the condition of the patient, and found the integuments of the right arm almost entirely detached from the subjacent muscles and hanging off from them, and the skin of the forearm in a similar condition. In the space comprehended between the shoulders and the thigh, the integuments were injured to an extent equal to that of the right arm and forearm. No indication of treatment appearing to the practitioner more urgent, he removed these mutilated fragments of the skin, and perceiving the commencement of mortification upon that portion of the right hand which had suffered most severely, proceeded to scarify it ; but, notwithstanding this and other efforts for its restoration, the hand on the succeeding day, as had been apprehended, was found in a state of entire mortification, or sphacelus.

At the third visit, all the other parts of the body which had been submitted to the action of the combustion were in like manner in a state of sphacelation ; the patient complained of burning thirst, and was agitated by horrible convulsions. His discharges from the bowels were fetid, and bilious in their aspect ; and he was besides exhausted by continual vomiting, and suffered from intense fever and delirium. Finally, on the fourth day after the accident, at the end of two hours of comatose insensibility into which he had fallen, the unfortunate victim who was the subject of this observation expired. At the time of the last visit of his physician, and whilst he was plunged in the lethargic sleep just mentioned, it was observed with astonishment, that putrefaction had already made such progress, that the body of the patient, although still living, exhaled a stench which was insupportable to the persons around him ; worms which had been generated in his body crawled out of the bed in which he lay, and the nails fell off from the fingers of the hand which had been most injured.

Having used all care to learn from the patient himself everything which had occurred in relation to the accident, he informed the physician that he felt, at the moment of the attack, as if some person had given him a severe stroke with a mallet on the right arm ; and that at the same time he saw a flame of fire seize upon his shirt, which was in a moment reduced to ashes, except the wrist-bands, which had not in the slightest degree been touched by the fire. The handkerchief, which on his arrival he had placed between his shoulders and shirt, remained entire, and without the least vestige of combustion ; his drawers were also equally exempt from injury ; but his night-cap was totally consumed, whilst not a hair upon his head had been burnt.

The above facts are given by the reporter of the case, with the ap-

pearance of entire confidence, accompanied by assurances of their having been ascertained with much certitude.

The symptoms of the disease or injury produced by the accident were identical with those which are the usual effect of a severe burn ; the night of its occurrence was calm, and the air free from impurities ; and there was perceived in the chamber in which it took place no empyreumatic or bituminous smell, or other penetrating smoke, such as has often been noticed in apartments which have been the scene of accidents of a similar nature. The lamp which had just been filled with oil was dry, and the wick in a state of incineration ; and this latter circumstance alone indicated the possible extension of the combustion from the body of the patient to any of the furniture or other materials of the apartment.

An instance of what has been esteemed *partial* spontaneous combustion, has recently occurred in the city of Nashville—it has given origin to the character of this essay—and as its phenomena as detailed by the subject of it, and its effects as exhibited to the observation of others after its subsidence, are corroborative of the truth of the history just given, we deem it worthy of record, and to be submitted to your present contemplation, in connection with cases of a like character which have occurred at a distance from us.

The subject of the following observation is a gentleman about thirty-five years of age, middle size, light hair, hazel eyes, sanguineo-lymphatic temperament, of habits entirely temperate in the use of stimulating drinks of any kind, fermented or alcoholic, with a constitution considerably enfeebled from long and zealous devotion to the sedentary and exhausting labor of scientific investigation. In early life he was very subject to derangements in the functions of the stomach and bowels ; and at the present time suffers frequently from different modifications of these maladies, as costiveness, occasional diarrhœa, acidity of the stomach, heart-burn, &c. &c., with their usual train of sympathetic affections, involving parts of the organism at a distance from the primary seats of disease into a participation of their suffering.

At the time of the occurrence of the accident, he was afflicted with acidity of the stomach, and by an unusual and irritating quantity of the matter of urea in the secretion kidneys ; for the relief of which, he was in the habitual use of aperients, ant-acids, &c.

Mr. H., Professor of Mathematics in the University of Nashville, was engaged as usual in his recitation room, in attendance upon the morning exercises of his class, till 11 o'clock in the forenoon. He then buttoned his surtout coat close around him, and walked briskly thus clothed to his residence, a distance of about three-fourths of a mile, taking exercise enough to produce a glow of warmth on the surface of the body, without inducing fatigue, but feeling at the same time his usual acidity of the stomach, for which he resolved to take some soda as a remedy within a short time. Having arrived at his lodging, he pulled off his over-coat and kindled a fire, by placing a few pieces of dry wood on three burning coals which he found in the fire-place, of the magnitude of two inch cubes each ; and immediately left the fire, and retired to a remote part of the room and made his observations on the weight and temperature of the atmosphere as indicated by the barometer and thermometer, which were

suspended in that situation. He then took the dew-point by the thermometer. These operations, together with the registration of their results, occupied about thirty minutes. This having been accomplished, he went immediately into the open air, made observations on the hygrometer, and was beginning his observations upon the velocity and direction of the winds. He had been engaged in this latter process about ten minutes, his body all the while sheltered from the direct impression of the wind, when he felt a pain as if produced by the pulling of a hair, on the left leg, and which amounted in degree to a strong sensation. Upon applying his hand to the spot pained, the sensation suddenly increased, till it amounted in intensity to a feeling resembling the continued sting of a wasp or hornet. He then began to slap the part by repeated strokes with the open hand, during which time the pain continued to increase in intensity, so that he was forced to cry out from the severity of his suffering. Directing his eyes at this moment to the suffering part, he distinctly saw a light flame of the extent at its base of a ten cent piece of coin, with a surface approaching to convexity, somewhat flattened at the top, and having a complexion which nearest resembles that of pure quicksilver. Of the accuracy in this latter feature in the appearance of the flame, Mr. H. is very confident, notwithstanding the unfavorable circumstances amidst which the observation must have been made. As soon as he perceived the flame, he applied over it both his hands open, united at their edges, and closely impacted upon and around the burning surface. These means were employed by Mr. H. for the purpose of extinguishing the flame by the exclusion of the contact of the atmosphere, which he knew was necessary to the continuance of every combustion. The result was in conformity with the design, for the flame immediately went out. As soon as the flame was extinguished, the pain began to abate in intensity, but still continued, and gave the sensation usually the effect of a slight application of heat or fire to the body, which induced him to seize his pantaloons with one of his hands and to pinch them up in a conical form over the injured part of the leg, thereby to remove them from any contact with the skin below. This operation was continued for a minute or two, with a design of extinguishing any combustion which might be present in the substance of his apparel, but which was not visible at the time. At the beginning of the accident, the sensation of injury was confined to a spot of small diameter, and in its progress the pain was still restricted to this spot, increasing in intensity and depth to a considerable extent, but without much if any enlargement of the surface which it occupied at the beginning. A warmth was felt to a considerable distance around the spot primarily affected, but the sensation did not by any means amount in degree to the feeling of *pain*. This latter sensation was almost, if not entirely, confined to the narrow limits which bounded the seat of the first attack, and this sensation was no otherwise modified during the progress of the accident, than by its increasing intensity and deeper penetration into the muscles of the limb, which at its greatest degree seemed to sink an inch or more into the substance of the leg.

Believing the combustion to have been extinguished by the means just noticed, and the pain having greatly subsided, leaving only the feeling usually the effect of a slight burn, he untied and pulled up his pantaloons

and drawers, for the purpose of ascertaining the condition of the part which had been the seat of his suffering. He found a surface on the outer and upper part of the left leg, reaching from the femoral end of the fibula in an oblique direction, towards the upper portion of the gastrocnemii muscles, about three fourths of an inch in width, and three inches in length, denuded of the scarfskin, and this membrane gathered into a roll at the lower edge of the abraded surface. The injury resembled very exactly in appearance an abrasion of the skin of like extent and depth, often the effect of slight mechanical violence, except that the surface of it was extremely *dry*, and had a complexion more livid than that of wounds of a similar extent produced by the action of mechanical causes.

The condition of the pantaloons and drawers was next carefully inspected. The left leg of the drawers, at a point exactly corresponding with the part of the leg which had suffered injury, and at a point accurately correspondent to the abraded surface, were burnt entirely through their substance. They were not in the slightest degree scorched beyond this limit, the combustion appearing to have stopped abruptly, without the least injury to any portion of the drawers which had not been totally consumed by its action. The pantaloons were not burnt at all. But their inner surface opposite to and in contact with the burnt portion of the drawers, was slightly tinged by a thin frostwork of a dark yellow hue. The material of this color, however, did not penetrate the texture of the pantaloons, which were made of broadcloth, but seemed to rest exclusively upon the extremities of the fibres of wool which were the materials of its fabric. The coloring matter was entirely scraped off with the edge of a penknife, without cutting the woolly fibres, after which there remained upon the garment no perceptible trace of the combustion, with which they had been in contact. The pantaloons may be said, with entire propriety, to have suffered no injury of any kind from the accident. The drawers, which were composed of a mixture of silk and wool, were made tight and close at the ankle, and tied with tape over a pair of thick woollen socks, in such a manner as to prevent even the admission of air to the leg through their inferior opening. Considering the injury not to be of a serious character, Mr. H. bestowed upon its treatment no particular care or attention, but pursued his usual avocations within doors and in the open air, which was very cold, until the evening of the succeeding day. At this time the wound became inflamed and painful, and was dressed with a salve, into the composition of which the rosin of turpentine entered in considerable proportion. This treatment was continued for four or five days, during which time the wound presented the usual aspect of a burn from ordinary causes, except in its greater depth and more tardy progress towards cicatrization, which did not take place till after thirty-two days from the date of the infliction of the injury. The part of the ulcer which healed last, was the point of the inception and intensity of the pain at the time of attack, and which point was evidently the seat of deeper injury than any other portion of the wounded surface. About the fifth day after the accident, a physician was requested to take charge of the treatment, and the remedies employed were such chiefly as are usual in the treatment of burns from other causes, except that

twice a week, the surface of the ulcer was sprinkled over with calomel, and a dressing of simple cerate applied above it. In the space between the wound and the groin there was a considerable soreness of the integuments to the touch, which continued during the greatest violence of the effects of the accident, and then gradually subsided. The cicatrix is at this time, March 24th, entire; but its surface is unusually scabrous, and has a much more livid aspect than that of similar scars left after the infliction of burns from common causes. The dermis seems to have been less perfectly regenerated than is usual from burns produced by ordinary means, and the circulation through the part is manifestly impeded, apparently in consequence of atony of its vessels, to an extent far beyond anything of a similar nature to be observed after common burns. Since the wound has healed the health of the patient has been as perfect as usual, and while the wound continued open, his ordinary occupations were interrupted by a week's confinement only to his chamber. The accident occurred on the fifth of January of the present year, the day intensely cold and the thermometer standing at only eight degrees above zero, sky clear and calm, and the barometrical admeasurement of the atmosphere being 29.848. Such is the history of the case of partial spontaneous combustion, which has recently occurred in this city. The facts have been stated as nearly as practicable in the words of the sufferer himself, and are consequently entitled to all the credit attributable to any statement of a similar character, which is or can be supplied by the annals of the profession. The character of the accident bears a striking similitude to the case of partial spontaneous combustion already noticed, and may hence, to future investigators, contribute not unimportant aid in the discussion of the subject which is the object of this essay.

[Some of Dr. O.'s remarks on the *causes* of spontaneous combustion, will be given in a future number.]

## CASE OF OVARIAN PREGNANCY.

BY M. F. COLBY, M.D. OF STANSTEAD, LOWER CANADA.

[Communicated for the Boston Medical and Surgical Journal.]

I WAS summoned on the 13th of July to assist in the post-mortem examination of the body of Mrs. O. King, of Sherbrooke, whose sudden dissolution had caused considerable sensation in the vicinity. From information derived from her intelligent physician, Dr. Watson, as well as from the friends of the deceased, we learned that Mrs. K. had weaned her second child of fifteen months, about three weeks previous; that she had enjoyed her usual health till the evening preceding her death, with the exception of some slight pain in the hypogastrium, which she had experienced a few weeks, and which she was disposed to assign to some injury which she might have received in her last accouchment. Soon after weaning her child, she applied to Dr. W. for some emmenagogue pills, assuring him, at the same time, that she was not pregnant, as she had not experienced her usual symptoms. On Saturday, about 11 o'clock, P. M. while engaged with company, she felt a sudden and vio-



lent pain in the lower part of the abdomen. This was succeeded by faintness and great prostration of strength. Dr. W., who was immediately called, found her nearly pulseless;—her general appearance being such as he had often witnessed in the collapse of cholera. She complained of a diffused soreness and indescribable distress through the whole abdomen, which was full, but not tense, and gave to the hand the sensation of dry coldness. She vomited much for a time, and the ejected matter was apparently stercoraceous. There was slight pain in the back and thighs—the bowels were obstinately confined, and the secretion of urine was wholly suppressed. She had turns of delirium and fainting at intervals of about an hour—complained some of headache, but no thirst. At times there was a slight re-action of the pulse, but there was no revival of heat on the surface. After passing a night of intense suffering, Mrs. K. expired at half past 8 on Sunday morning, aged 27.

By request, an examination of the body was made on Monday, P. M. by Dr. Jenks of Melbourne and myself, in presence of several medical gentlemen. On opening the abdomen, we found two or three quarts of bloody serum diffused in the peritoneal cavity. A firm dark coagulum occupied the whole of the hypogastric region, extending into the left hypochondrium, and a thin stratum of coagulated blood was spread over and firmly adherent to the extensive portions of the omentum and intestines. On carefully removing portions of the coagulated blood, we found near the place where the uterus emerges from the pelvis, at the period of quickening, a fœtus of full four months, enclosed in its proper membrane and floating in its liquor amnii. On clearing away the coagulated blood, which surrounded it, we found its membrane attached to a portion of the inner surface of the left ovary, from which body it had just escaped by laceration of its entire superior edge. The lacerated edge of the ovary was about three lines in thickness.

The collapsed organ was nearly the size of a hen's egg, free from all morbid attachments; and presented all the appearance of the healthy ovary, excepting its size and lacerated edge. The portion of the fallopian tube next its fimbriated extremity was adherent to a portion of the fœtal sac. The fœtus was without placenta; the cord being connected with that portion of the membrane remote from its connection with the ovary. Its membrane was highly vascular. One artery, beautifully injected with red blood, was seen ramifying on its surface—its course being in a direction to the place of insertion of the fœtal cord. From the engorged state of the artery, it is probable that the vital actions of the fœtus continued till the life of the parent was extinct. The uterus was pressed low to the right side of the pelvis, but no perceptible change had taken place in its body, its size and internal appearance being the same as usual in those who have once borne children.

It was with much regret that we were unable to gain permission to preserve the entire ovum with the parts in immediate connection, as they demonstrated the actual existence of ovarian pregnancy. This was more desirable, as some highly eminent modern writers on midwifery, particularly Velpeau, deny its existence altogether.

From the attachment of the fœtal sac, in this case, we are led to infer that the vivified ovule was either detached from its nidus and become

entangled in the interstices of the coats of the ovarium in its passage to the fallopian tube, or that, retaining its original situation, its vesicular covering, which according to Dr. Graaf "is supplied with bloodvessels and preparatory nerves," might have performed the function of placenta to the embryo. In either case the development of the ovum would soon cause it to occupy the whole of the parenchymatous portion of the ovarium, and its further enlargement would be resisted in some degree by the tough fibrous envelope of that organ. This resistance would be far greater than either that of the accidental sac which surrounds the ovum in cases of its attachment to the peritoneum, or of the proper membranes of the fallopian tube in cases of tubal pregnancy. The newly organized sac would form adhesions with surrounding parts, and its growth would correspond with that of the ovum; while in the latter case, the membranes of the tube would dilate in a direction where there was the least resistance. The ovarium would become compressed by the enlarged ovum, and we might expect to find it entire upon its posterior and inferior surface, unless from rupture of the tube its character had become lost in the general adhesion formed around the foetus. The amnios would be more liable to rupture in this, than in ovarian pregnancy, from the less resistance of its envelopes.

From the firm and ligamentous structure of the proper coat of the ovarium, we might anticipate the result we have witnessed in the case of Mrs. K. After the first development of foetal life, its contractile power would increase from the afflux of the fluids to this organ. This would meet with an opposing force in the increasing size of the ovum. These opposing forces would continue to operate till its contractility became exhausted, and its texture yielded to the distending force.

Had the ovule in the present case been detained between the peritoneal and proper coat of the ovary, we cannot account for the appearance of the lacerated edges, unless it is by the assumption that fleshy fibres were developed by a generative action, and a new coat or matrix formed, possessed of strong contractile powers. This new coat, in contact on the one side with the peritoneum, on the other with the fibrous coat of the ovary, would acquire growth with that of the ovum from the continued operation of the cause which brought it into existence. As this increase of growth must result from interstitial nutrition, as well as from the organization of new fibrous matter, I cannot conceive how the newly formed sac could be liable to spontaneous rupture. This self-destruction of the *pericarpium* (to use a botanical phrase), before the perfection of its seed, is so opposed to the established economy of nature, that we cannot for a moment admit that the unerring principle which should guide in the formation of an enclosure for the new embryo, would endow it with a more limited vitality than would be required for the full development of the foetus.

On this principle, independent of the anatomical facts, we might contend that the investing covering in this case was not formed for the protection of the ovum, but that the rudiments of the embryo having been casually arrested within the ovarium, that organ served as its matrix till its texture yielded to internal force. The diagnosis, in cases like this, must be somewhat difficult from the similarity of the symptoms

to those which occur in some cases of intestinal rupture. The prominent symptoms, such as sudden pain succeeded by great prostration, universal collapse, coldness, inverted peristaltic action of the stomach and intestines, suppression of the urinary secretion, with constipation and a diffused and extreme soreness over the whole abdomen, suddenly supervening on the first attack, are identical in both cases.

The only diagnostic symptoms which can be relied on, are such as supervene from excessive loss of blood. From this cause there would be less inflammatory irritation of the peritoneal surface, and consequently less tension and heat of the abdomen.

*Stanstead, L. C. August 5, 1835.*

## BOSTON MEDICAL AND SURGICAL JOURNAL

BOSTON, AUGUST 19, 1835.

### NARCOTIC SUBSTANCES.\*

AN octavo pamphlet of twenty-nine pages, in double columns, by Dr. Allen, of Middlebury, Vt. extensively known as an industrious, conscientious writer, has been recently received at this office, which treats in a learned, yet popular manner, of the effects produced on the human system by distilled spirits, wines, and tobacco.

In the commencement of the Essay, the author discovers the mildness of his character and his earnestness in the great temperance reformation of the age, by a candid, philosophical examination of the actual properties of the several narcotics which, for several centuries, have been making melancholy devastation in all ranks of society, and extending their baneful influences into the remotest countries of savage life and barbarism.

Satisfied of the correctness of Dr. Allen's deductions, and viewing at the same time the philanthropic object by which he must have been actuated while pursuing the series of investigations embodied in his essay, we congratulate him on the success of his judicious and well-timed labors. This thesis was not written exclusively for medical men, and yet we cannot doubt that it will hereafter be regarded by them as one of the most concise and practically valuable dissertations on the true nature of the several narcotic substances in common, and therefore destructive use. Under the direction of those benevolent institutions which are endeavoring to regenerate our beloved country, and ward off the curse of intemperance, it should be immediately stereotyped and circulated extensively, and rapidly, too, throughout the union.

Upon the subject of wines, we are furnished with some historical memoranda, probably new to the majority of readers. After explaining Paul's advice to Timothy, in relation to taking a little wine for the stomach's sake, the writer gives an account of ancient wines, which appear to have been very unlike most of the vile stuff palmed off upon modern purchasers.

"The oriental fermented wines," he remarks, "were less obnoxious than our best imported pure wines. And it is evident that the best and

\* An Essay on Narcotic Substances, embracing Intoxicating Liquids, Tobacco, &c. By JONATHAN ALLEN, M.D. Middlebury, Vermont.

most valued of the ancient wines contained no intoxicating principle whatever. They were, says Chaptal, *mere extracts*, evaporated juice of the grape. Both the Greeks and Romans appear to have frequently concentrated their wines either by spontaneous evaporation or boiling. Whereas, after having undergone fermentation, at the common temperature of the air, wines, especially the weaker, like those of Judea, could be kept to a very great age without becoming impaired in quality. The moderns keep no wine to such an age as that of the ancients. In Italy and Germany there are scarce any to be found which has been preserved more than fifteen years. In France, the wines that keep best are those of Nantz and Orleans, and these are reckoned at five or six years superannuated.

"Among the Romans, the age of wines was the criterion of their goodness. Thus the wine compared by Pliny to honey, had been made two hundred years before; indeed, wines of a hundred years old and upwards, seem not to have been uncommon among the luxurious citizens of ancient Rome. And since the Jews became subject to the Roman power, and had frequent intercourse with Greece, it is reasonable to conclude that wines of great age were also esteemed by this admired people."

"The best ancient wines were reduced to syrups, and in some instances, even to dryness; and thus prepared, they were capable of being preserved to great age. Aristotle states that the Arcadian wines required to be diluted with water before they were drank; and Pliny mentions wines as thick as *honey*, two hundred years old, which it was necessary to dissolve in warm water, and filter through linen before they were used.—'This was the case with the wine of Cæcuba, according to Martial: ' *Turbida sollicito transmittere Cæcuba sacco.*'"

Unfortunately, the limits of the Journal forbid the republication, this week, of anything more than a few paragraphs. We venture, however, to copy the following, even to the exclusion of other matter.

"Dr. Rush, during five years careful observation in the populous city of Philadelphia, could find only four or five persons who had been intemperate in drinking ardent spirit, that lived to the age of eighty years. These 'had all been day laborers or had deferred drinking till they began to feel the languor of old age.' Dr. Hosack has found that one in ten of the Society of Friends lives ordinarily to the age of eighty years, while the average of human life is such that only one in forty lives to that age. This disparity he very justly attributes to their total abstinence from distilled spirit. From the most accurate calculation it has been ascertained that the difference in the duration of life between the sober and the intemperate, is *thirty years*; and between the moderate drinker and the abstinent, it may fairly be estimated at *fifteen years*. This shortening of human life from the use of alcoholic drinks, is in a good degree in consequence of the derangement produced on the digestive organs and the nervous system. A gentleman who destroyed himself in the meridian of life by the use of spirit, short of inebriation, continued for some years, informed the writer that he had impaired the tone of his stomach to such a degree that for the last year he had not experienced the sensation of hunger, and that he had for that time taken little or no food except what he could drink, eating was so unpleasant to him. Long life much depends on the healthy state of the stomach. Old people commonly have a good appetite; when that fails, life is extinguished."

The author's remarks on the pharmaceutical use of alcoholic solutions, and on the nature and use of tobacco, will be noticed hereafter.

It is not customary with us to bestow commendations like these on ephemeral productions; but we have taken a deep interest in the facts contained in Dr. Allen's Essay, which cannot be gainsayed either by physicians or scoffers. He has done most excellent service.

We are not aware that any copies of this Essay are for sale in this city, but we should be happy to transmit any order to the publisher.

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*Indigo become a Medicine.*—From an abstract of an article in Rust's Magazine, No. 3, 1835, an account is given of the recent administration of indigo in epilepsy. A pattern case, detailed at length, in order to show how it operated like a charm, is altogether too long for republication, and unsuitable to abridge. Dr. Ideler has the reputation of having first brought it into notice as a remedy. The manner of preparing the indigo is in the form of an electuary, containing half an ounce, powdered—which, to one patient, at first, was given in two days—and next, in one. Even six drachms have been given in twenty-four hours. After mature reflection, since reading the paper containing the cases referred to, we are decidedly of the opinion that the medicinal properties of indigo are too feeble to be relied upon in any disease.

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*American Medical Books.*—It is a matter of surprise that more medical books do not originate in the United States. Notwithstanding the difference of climate in this country from that of England, varying indeed from torrid heat to polar severity, foreign works which make little or perhaps no reference to our circumstances, are consulted as infallible guides by the young practitioner. There is no want of materials, certainly, and it would be defamatory to accuse the profession of being incompetent to the business of writing both learnedly and systematically on the diseases with which they are most familiar. With the exception of the medical botany of the Northern and Middle States, we are accused of having made no brilliant achievements in the theory and practice of medicine.

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*Recent Casarean Operation.*—On the 22d of June, Mrs. Bate, wife of a bricklayer, at Birmingham, England, at the full period of pregnancy, necessarily underwent this hazardous operation, when every other expedient to save both mother and child had been resorted to. A consultation was held with Mr. Ingleby,—after which Mr. Knowles proceeded to operate, in the presence of several professional gentlemen, and was eminently successful, as the mother and infant were both doing well at the last accounts. The child was baptised *Julius Casar*. It will be recollected that the story has been handed down from the ancients, that the Roman Emperor of that name was brought into existence by a similar process—whence the name of the operation.

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*Medical Reporters.*—Within a few weeks, medical lectures will be recommenced in several schools within a few hundred miles of Boston, from all of which, we should be exceedingly happy to receive abstracts of the lectures on theory and practice, surgery and medical jurisprudence. Such a course would be productive of positive advantage to the institution, and in the sequel beneficial to the whole profession. We therefore invite the attention of teachers again, to the consideration of the expediency of allowing reporters to transmit, for weekly publication, synopses

of their lectures. There is not a medical institution of any celebrity in England or France, that has not been elevated, and at the same time especially benefited, by the industry of its reporters.

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*Ovarian Pregnancy.*—We invite the attention of our readers to the extraordinary case reported in the Journal, the present week, by Dr. Colby. Were our readers as careful, generally, to communicate their observations, as this gentleman, an immense mass of important information would be accumulated, alike honorable to themselves and useful to the profession.

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*Medical Lectures.*—We take the liberty of reminding those in the study of medicine who are interested in the Berkshire Medical Institution, that the annual course of lectures will commence at that college on the 27th instant—which falls on the last Thursday of August.

From an intimate acquaintance with the qualifications of the faculty, having formerly been several years associated with the School, we feel warranted in saying that the course of instruction is inferior to that of no institution in the interior.

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*Case of Twins, one presenting the Color and Form of a Mulatto.*—Ch. A., 22 years of age, was delivered at La Charité, Berlin, on the 25th of January, 1832, of two female children, seven months old. The second was immediately distinguished from the first born, by a peculiar blue-gray color of the face, hands, &c. and drew the attention of the mother, who exclaimed, "I thought so."

In size and weight both children resembled one another, but the head of the second child was much more flattened at the sides; the forehead was low and compressed; the eyes were more distant from one another; the lips thick, the nose broad, and turned up; the color of the face, hands, and feet, resembled that of a person who had taken nitrate of silver; it was also remarked that the umbilical cord of the first child was white, while that of the second was dark.

Both died a few hours after birth, and were presented to the Royal Museum by M. Rudolphi.

On being questioned, the mother would give no information about the children, but some time after confessed that she had "gone to see" a black in the month of October past. However, it was discovered that for a long time previous to January she had been a domestic in a house where a negro was in the habit of constantly going.—*Lancet*.

We have an indistinct impression that a similar phenomenon occurred in the western part of Massachusetts, some fifteen or twenty years ago. Any physician acquainted with the particulars, will confer a favor by communicating the facts to the Journal.

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*Re-Vaccination.*—The number of Rust's journal from which we have extracted the foregoing, contains the following particulars relating to re-vaccination, which we extract from a circular addressed by the physician-general of the Prussian forces to the army-surgeons in the year 1833:

1st. Number of persons vaccinated, 48,478.

2d. Of these had traces of former vaccination, 37,286 ; doubtful, 7641 ; scarcely any trace, or none, 3551.

3rd. The vaccination and its effects were regular in 15,269 cases ; irregular in 12,203 ; without any effect in 21,006 cases.

4th. The individuals in whom the vaccine did not take were again re-vaccinated with effect in 784 cases ; without effect in 3377.

5th. The number of re-vaccinated soldiers attacked during the course of the year with pocks was fifty-four varicella, fifty varioloid, true small-pox, twenty.—*Ibid.*

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*Death of a female occasioned by the ignorance of an Accoucheur.*—A horrid event, which can scarcely be considered credible, is said to have happened recently to a young married female at Seclin. An *officier de santé* was called to deliver the subject of the case, who had arrived at the full term of utero-gestation. He made several attempts to turn the child, which presented by the arm, and finally succeeded as was thought very well, as the child was delivered alive. Called again by the parents of the patient at about three o'clock in the morning, on account of a violent pain, he proceeded to extract the masses of coagulated blood which had collected in the uterus, and other substances, the nature of which could not be ascertained by the assistants. The woman nevertheless died about seven o'clock, suffering excruciating torment. On the examination of the body, it was found that the uterus had been ruptured, and that the mass which had been extracted with the coagula, was a portion of the intestines, which the operator had severed with his finger nails!

*Jour. des Connaissances Médicales, Feb. 1835.*

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*Precocious Menstruation.*—Dr. Strohmayer remarks, that in 1816, he saw in the vicinity of St. Polten, a female child, aged nineteen months, who was generally affected during the course of one day with a mucous discharge from the vagina, and for days afterwards with a free discharge of blood, which recurred for some time at regular monthly periods like the menses. The child in other respects was healthy, passed through the vaccine disease kindly, and had all her functions performed regularly up to the age of three years, at which period she died of hectic fever.—*Strohmayer Medecinisch, Praktisch, Darstellung, Wien.*

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*Medical Graduations.*—Twenty-eight medical students were admitted to the degree of Doctor in Medicine, at the recent commencement at Dartmouth College, Hanover, N. H.

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*Honorary Degree.*—That of M.D. was conferred on Dr. Moses Shaw, of Wiscasset, Maine, on the 5th, at Waterville College.

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**TO CORRESPONDENTS.**—The Communications of Drs. Chandler, C. Smith, and Ranney, will receive early attention.

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**DIED**—At Cohoes Falls, near Albany, N. Y. Dr. Joseph Underwood, formerly of Pawtucket, R. I.—In Mississippi, Dr. Joseph Cowan, late of Stanton, Va.

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**Whole number of deaths in Boston for the week ending August 15, 45. Males, 20—Females, 25.**  
 Of hooping cough, 4—consumption, 6—diarrhoea, 2—infantile, 4—measles, 3—bowel complaint, 2  
 inflammation of the bowels, 2—old age, 3—bilious fever, 1—silver complaint, 3—spasms, 2—dysentery, 1—brain fever, 2—apoplexy, 1—drowned, 1—droopy on the brain, 1—hip complaint, 1—croup, 1  
 convulsions, 1—cholera infantum, 1—worms, 1—unknown, 1. Stillborn, 2.

### BERKSHIRE MEDICAL INSTITUTION.

THE Annual Course of Lectures for 1835 will commence the last Thursday in August, and continue fourteen weeks.

H. H. CHILDS, M.D. *Theory and Practice of Medicine and Obstetrics.*  
E. BARTLETT, M.D. *Pathological Anatomy and Materia Medica.*  
C. DEWEY, M.D. *Botany, Chemistry and Natural Philosophy.*  
W. PARKER, M.D. *Anatomy, Surgery and Physiology.*  
JOHN FRISSELL, A.M. *Demonstrator of Anatomy.*

The Trustees of the Berkshire Medical Institution, in issuing their annual Circular, believe themselves justified in promising to those young men, whose local situation or whose personal predilections may lead them to a connection with the School, a course of public instruction as thorough, efficient and practical, as can be enjoyed at any of our various medical establishments. To the branches heretofore taught, which have been the same as in other American Medical Schools, arrangements have been made for the addition of a course of Lectures on **PATHOLOGICAL ANATOMY**, to be illustrated by morbid specimens and by an extensive series of colored representations of diseased structures.

By legalizing the study of Anatomy, the Legislature of Massachusetts has furnished its Schools with superior advantages for Practical Anatomy. It has also, by this provision, most effectually guarded the sepulchres of the dead against all violation.

Fellows of the Massachusetts Medical Society, and those who have received the degree of M.D. are admitted gratuitously to the Lectures. The degree of M.D. is conferred at the annual Commencement of the Institution and at the Commencement of Williams College. The requisitions for the degree of Doctor in Medicine, are—three full years study under a regular practitioner, attendance on two full courses of Medical Lectures in regularly established Medical Institutions, an adequate knowledge of the Latin language, and a good moral character.

Fee for the whole course of Lectures is \$50; those who have already attended two full courses at an incorporated Medical School, pay \$10. Graduation, \$12. Board, including room rent, washing and lodging, \$1 75 per week.

In one week after the close of the Public Lectures, commences the winter Reading Term, which continues 12 weeks, and is devoted to Practical Anatomy, the Principles and Practice of Surgery, and Obstetrics.

Pittsfield, July 1, 1835.

By order of the Trustees,  
C. DEWEY, *Secretary pro tem.*

NOTE.—The following authors are recommended to be used by the students during the Lecture Term. On *Anatomy*, C. Bell, Horner, Cloquet, and Wistar. *Surgery*, S. Cooper, W. Gibson, and Sir A. Cooper's works, *Practice and Theory*, Gregory, Good, Eberle, and Dewees. *Obstetrics*, J. Burns, Dewees, and London Practice. *Materia Medica and Medical Jurisprudence*, Rock, Chapman and Eberle. *Chemistry*, Brande, Turner and Beck.

July 15—St

### VACCINE VIRUS.

PHYSICIANS in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—inclusing one dollar. Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless some other mode of conveyance is directed. Ten charged quills, an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely packed in a letter. The gentleman who has undertaken to keep the virus, will faithfully supply that which is positively genuine and recently taken. It will also be furnished on application at the Medical Journal office.

Boston, March 4, 1834.

### MEDICAL SCHOOL IN BOSTON.

THE MEDICAL FACULTY of Harvard University announce to the public, that the Lectures will begin on the first Wednesday in Novem., and continue thirteen weeks, after which time the regular course will be considered as terminated. But for the following four weeks, the Hospital and the Dissecting room will be kept open, and some Lectures will be given, without additional expense, to such students as may choose to remain.

The following Courses of Lectures will be delivered to the class of the ensuing season:

		by		Fee
<i>Anatomy, and the Operations of Surgery,</i>			JOHN C. WARREN, M.D.	\$15
<i>Chemistry,</i>			JOHN W. WEBSTER, M.D.	15
<i>Midwifery and Medical Jurisprudence,</i>			WALTER CHANNING, M.D.	10
<i>Materia Medica,</i>			JACOB BIGLOW, M.D.	10
<i>Principles of Surgery and Clinical Surgery,</i>			GEORGE HATWELL, M.D.	10
<i>Theory and Practice of Physic, and Clinical Medicine,</i>			JAMES JACKSON, M.D. and } JOHN WARR, M.D.	15

By an additional act of the Legislature of Massachusetts, the opportunities for the study of Practical Anatomy are now placed upon the most liberal footing. While the violation of sepulchres is prevented, it is anticipated that an ample supply of subjects for the wants of science, will be legally provided at a small expense.

The Massachusetts General Hospital is open without fee to Students attending the Lectures of the physicians and surgeons. This institution contains about sixty beds, which are, most of the time, occupied by patients who are subjects partly of medical, and partly of surgical treatment. Clinical Lectures are given several times in each week, and surgical operations are frequent. The number of surgical operations during the last five years has averaged about seventy in each year.

To the Medical College is attached a Medical Library, a costly and extensive Chemical Apparatus, and Collections illustrative of Midwifery, Materia Medica, and Healthy and Morbid Anatomy.

Boston, June 12, 1835.

June 24—4N1.

WALTER CHANNING, *Dean.*

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## DUPUYTREN'S LECTURES ON SURGERY.

[Communicated for the Boston Medical and Surgical Journal.]

TO Dr. A. Sidney Doane, of New York, the medical public are laid under renewed obligations, by his translation of the *Clinical Lectures on Surgery*, by the late *Baron Dupuytren*. The volume now presented contains the first of three courses of lectures which have been published in France, and we are informed by the translator's preface that the remaining courses will shortly be prepared for publication. The plan adopted for the work, may be gathered from the remarks in the original preface by the editor, to which the medical reader is referred.

"The volume which is now presented to the public contains nineteen articles, some of which are entirely new, and others are treated much more perfectly than they ever have been before. *Permanent retraction of the fingers, from the cramping of the palmar aponeurosis*, was a subject heretofore unknown; it belongs entirely to M. Dupuytren, who has given on it a lecture full of interest, and which has been republished in many of the journals. The same remark applies to *Engorgement of the testicles*, which has elicited practical remarks of the highest importance. The lecture on *Burns* is one of those treated with the most talent; and M. Dupuytren's doctrines on this affection are now generally adopted."

We shall proceed to offer a brief sketch of the article on Cataract, which treats of the *Species, Operations and Treatment* of this interesting part of surgery; and to give such extracts as may appear to be of general interest and as the limits of this Journal will allow. We may premise that the observations of M. Dupuytren on the existence and probable nature of what has been termed *black cataract*, coincide with the opinions of the most eminent oculists in this country. But the doctrine advanced of a predisposition to cataract in scrofulous individuals, is entirely at variance with the conclusions of some of the best English authors on the subject, as likewise with the remarks made upon cases occurring here, although in a limited circle.

It will be seen that the great French surgeon is a strong advocate for the operation by depression, in preference to extraction of the cataract. In this he follows the opinions and practice of the illustrious Scarpa, who in his celebrated Treatise on Diseases of the Eye, details at some length the reasons of his preference. But on this point it must be observed that M. Dupuytren with discrimination and good judgment maintains the irrationality of employing the same method in all cases; for in surgery, as in medicine, the same mode of treatment cannot be constantly em-

ployed to attain the same end. Thus, in cataract, a reference to the circumstances of the individual case, must oblige practitioners to recur alternately to one or the other mode.

"CATARACT, like many other diseases, has been divided into a certain number of species. *Simple* cataract consists in an opacity of the crystalline lens. Another species, nearly as common as the preceding, results from an opacity of the crystalline membrane. This is termed *membranous* cataract. The latter, according to M. Dupuytren's observations, is to the common cataract, as one to one and a half. It is particularly frequent in children, in whom it is sometimes congenital, and in whom Saunders has observed it, twenty-one times out of forty-four cases. It is then most commonly perfect, very rarely imperfect. In adults, it usually forms after blows, contusions and pricks, received on the globe of the eye. It occurs also in scrofulous individuals, and in those who have submitted to the operation of extraction, and where the capsule was not displaced. Finally, when imperfect, it presents itself in variable forms. The most common is that which Saunders terms the *central*, and which was observed long since by M. Dupuytren : it affects the centre of the crystalline capsule. It is sometimes congenital, but generally supervenes after birth."

"Next to this variety of cataract, and the most frequent, is that termed the *milky*, *soft*, or *pulpy* cataract. In this case, the whole of the crystalline lens is very soft ; sometimes, however, this softness is only partial ; frequently even the lens is entirely changed into a white, milky, opaque liquid. The crystalline membrane and the lens are sometimes more or less incrustated with phosphate of lime, and become of a bony hardness ; this is easily recognized by the shock produced by the touch of the instrument against the organ. Cataract in this case, takes place by ossification. Finally, according to some authors, cataract presents another variety, termed *black cataract*. This must be perfectly distinct from amaurosis, and must show itself by certain sensible signs ; sometimes reflecting several colors at once, sometimes brown, and sometimes green, sometimes radiated with white striæ, which extend on a dark base, and in all cases attended with great mobility of the iris. Many surgeons, and among others, Delpech, have denied their existence. Baron Dupuytren, in his vast practice, has never seen a case of black cataract ; and therefore he does not admit them. We have often heard him mention the following fact : Pelleton and Giraud imagined that one of their patients was affected with a cataract of this kind ; they requested M. Dupuytren to examine it, who pronounced the disease to be amaurosis. After some disputes, Pelleton and Giraud persisted in their opinion, and requested him to operate in order that he might be convinced. Baron Dupuytren performed the operation, and extracted a perfectly healthy lens. The operation was followed by no accident, but the patient continued to be deprived of sight, the retina being paralyzed.

"Several facts observed at Hotel Dieu, have led Baron Dupuytren to admit a *hereditary disposition* to contract cataracts. We shall mention but one instance, which occurred at the public consultation, which seems to leave no doubt as to this disposition. Perhaps there is no example so remarkable.

"An aged lady came one day to the consultation, attended by a part of her family. When more than sixty years old, her sight began to be affected; eighteen months afterward, the two crystalline lenses were entirely opaque. The depression of one of them, as performed by M. Dupuytren, was followed by no accident, and restored to the patient the faculty of sight, which she has since retained; since at the age of eighty, it is remarkably good. The cataract of the opposite eye has not been operated upon.

"The sight of her daughter began to fail when she was twenty-eight years old; she was soon unable to go about, but she could distinguish day and night; the pupils were moveable, the eyes healthy. When thirty years old, two years after the origin of the affection, Baron Dupuytren performed on one of the eyes of this patient, the same operation which had restored the faculty of sight to her mother. Ten years afterward, vision was unaltered on this side. Encouraged by this success, the patient wished to be relieved from the other cataract. The newspapers were filled with the puffs of an oculist; she applied to him, and the operation was performed by extraction. But, as happens in most cases, this operation was attended with other consequences than the preceding; severe pains and an intense inflammation prevented the cure; the cornea became opaque, and the patient lost her eye, while that operated on by Baron Dupuytren was not deranged in its functions.

"The son of this lady, aged seventeen years, had, likewise, two cataracts. They were depressed at Hotel Dieu, and also cured.

"With him the grandmother brought to M. Dupuytren another grandson, in whom the lenses had begun to be opaque, and finally a grand-daughter, whose sight was already obscured, as it were, by a cloud; a precursory symptom of the opacity of the lens. Here then were a grandmother, her daughter, and three grand-children, all affected with cataract! This case is curious, both on account of the disposition of this family to this kind of affection, and for Dupuytren's success.

"This professor has had occasion to operate on a great number of congenital cataracts, and to make some remarks on the consequences of these operations, which will be read with interest. But, he says, I must here observe, that I have never seen the strange things mentioned by several authors, nor have I heard remarks from persons I had restored to sight, upon the distance, form and color of objects, which remarks have caused so many commentaries on the part of metaphysicians and idealists. On the contrary, I have most commonly remarked that those who are blind by cataract, whether congenital or existing for many years, being accustomed to live with but four senses, were generally embarrassed with this, the use of which had been restored to them. They have had trouble in combining its action with that of the others; they have often shown so much reluctance in using it, that I have been compelled several times, to deprive them of one, and even of two of their senses, to induce them to exercise the power of vision. Thus, I have been obliged to stop up the ears of a child, who was guided by sounds, or by the impressions he received from touch; he carried his hands constantly before him, as if they were tentacula."

Accident first led Dupuytren to perform the operation for cataract

through the cornea ; a mode described by Saunders as the Anterior Operation, but more generally known by the term *Keratonixis*, which consists in depressing or breaking up the cataract from before backward, after perforating the transparent cornea with the needle.

"The following have been the results of twenty-one operations of this kind performed by Dupuytren, on individuals of different sexes and temperaments, presenting cataracts with various combinations, and such as are commonly found in individuals taken at random. Of twenty-one operations to which Dr. Marx was requested by M. Dupuytren to attend, eleven have been immediately and permanently successful, six have terminated successfully at the end of a month ; in two, nervous symptoms supervened ; five have been affected with slight ophthalmias ; in two, an inflammation of the iris appeared ; in one, an inflammation and atrophy of the eye ensued ; in five, the remains of the crystalline membrane have adhered to the circumference of the pupil ; in four, a second and even a third operation have been performed. One patient lost his eye from inflammation, in another the faculty of sight has been obstructed by the formation of an opaque cicatrix before the pupil ; finally, two others have been affected with amaurosis independent of the operation and of its consequences, which has prevented the cure.

"In conclusion, seventeen individuals out of twenty-one, recovered their sight, that is, four-fifths, plus one, of the patients operated on. This result does not differ sensibly from that obtained by M. Dupuytren, by puncturing the sclerotica."

But he found the operation by *Keratonixis* preferable particularly in children affected with congenital cataract, in whom the eyes are invariably agitated with convulsive movements, or with continual oscillation of the eyeballs. In these cases *Keratonixis* is adopted very generally, if not exclusively, by surgeons of experience.

The rules laid down by M. Dupuytren for the observance of the surgeon preparatory to performing an operation, relative to the state of the atmosphere, the prevailing medical affections, as well as the general state of the patient and the nature of the affections that may be concomitant with the cataract, are worthy of the most serious attention. Thus, in our climate it is well known that rheumatism in persons past the middle age, is not an infrequent attendant with cataract and other affections of the eyes. "If a rheumatic affection exists (concomitant with cataract), the operation may cause a determination of it to the head ; the eye and its appendages become painful ; and a severe ophthalmia often shows itself. It matters little whether this effect be produced by rheumatism or by irritation, it is never prudent to operate in these cases, and experience has shown the bad symptoms which may follow. We must then treat the rheumatism with remedies, and if we decide to operate while any wandering pains exist, a blister must be applied to some part remote from the head." The same rules are of course applicable to other complications with cataract.

We are indebted to M. Dupuytren for an observation of some practical importance relative to the operation by depression, when from any cause there is a tendency in the opaque lens to reascend, viz. : that the danger of the operation is diminished, the more frequent its repetition in

the same individual ; and in support of this opinion he cites the case of a patient, in whom the cataract was depressed four times in as many months.

" In these cases, the crystalline lens is generally soft and downy on its surface, a proof of the action exercised upon it by the absorbent vessels ; a patient recently operated upon at Hotel Dieu has offered an instance of this."

" The crystalline lens, which is retained in its capsule firmly in the healthy or transparent state, seems more susceptible of displacement when its transparency is lost. Some individuals possess even the power of making the opaque crystalline lens pass at pleasure from one chamber of the eye to the other. A remarkable case of this kind is related by Demours, in his Treatise on Diseases of the Eye."

" " I have sometimes seen the opaque crystalline lens pass through the pupil into the anterior chamber, and thence return into its place. Some patients can execute at pleasure this alternate displacement. Dr. Tillard and Surgeon Bunsel were with me, July 3d, 1817, where we saw M. Gastel, who was affected with cataract, cause the opaque lens to pass into the anterior chamber, and again behind the iris. M. Gastel is a shoemaker, thirty-one years old, and is of good constitution. The cataract in his right eye commenced when he was six years old ; the opaque crystalline lens gradually descended behind the iris, about the period of puberty. It was invisible when he was eighteen years old, and passed into the disorganized vitreous humor. When nineteen years of age, while actively engaged in military service, this body passed before the iris. The continual pain of the patient obliged him to obtain his discharge. I proposed to extract it, but the patient desiring to avoid the operation, I advised him to drop into the eye a little of a watery solution of the extract of belladonna, to dilate the pupil, and facilitate the return of the opaque lens behind the iris ; to favor this return, by reclining for twenty-four hours on his back, and even during this time, to lean the head occasionally towards the floor, so that the vertex should be lower than the neck ; finally, to drop in a few drops of vinegar as soon as the lens had disappeared, in order to excite an artificial inflammation, capable of causing the dilatation of the pupil to cease, and even of rendering its diameter smaller than before he used the belladonna ; a process which I have found useful in certain cases. This was done, and followed with the success I expected."

" For eight and a half years, M. Gastel was not incommoded with this singular accident, which has occurred again for two years, three or four times a month. If he bends the head quickly and carelessly, the lens passes before the iris ; he then suffers, and is incapable of occupation, until laying on the ground, the chin raised and the vertex downward, he causes it to re-enter by strongly rubbing the globe of the eye with the upper eyelid. I shall probably extract it some day."

In the removal of the dislocated lens from the eye, M. Dupuytren, in 1819, deviated from the common mode of operating, but for what reasons does not appear. The case however is a curious one, and as it concludes the article on cataract, we beg leave to transcribe it.

" A soldier, thirty-four years old, entered Hotel Dieu November 2d ;

the anterior chamber of his left eye was completely filled by a rounded body of a pearly white color, and formed by an opaque lens, which had escaped spontaneously from the pupil, apparently at the time when the patient forcibly bent his head. The eye was red, painful, inflamed and watery, and there was intense headache. Venesection, a bath and purgative arrested these symptoms, and M. Dupuytren performed the operation two days afterward as follows.

"The patient laid in bed, the head raised by pillows; the needle was introduced about two lines from the union of the transparent cornea with the opaque cornea; the operator passed it through the posterior chamber, penetrated into the anterior, hooked the crystalline lens, brought it into the posterior chamber, at the base of which he held it depressed for some time; he then withdrew his needle. The patient saw the hand which restored sight to him, and distinguished the persons who assisted at the operation. The sequel of this case was fortunate. The patient left the hospital six days after, the pupil perfectly clear, seeing very well, and not feeling the least pain. M. Dupuytren's operation in this case, was to introduce the needle through the sclerotica, into the posterior chamber, proceed into the anterior, fix the crystalline lens, bring it into the posterior chamber, and then depress it into the vitreous body."

Finally, we desire to make our acknowledgments once more to the translator for presenting to us in an English dress, "the ideas of M. Dupuytren on Cataract;" and although we could wish that some of the remarks were less obscure, it would be unjust to deny, with a few exceptions, the merit of originality, combined with sound general principles and extensive experience.

*Boston, August, 1835.*

#### PANCREATIC SARCOMA.

[Communicated for the Boston Medical and Surgical Journal.]

MR. EDITOR,—If, in your judgment, the following case of "*Pancreatic Sarcoma*" is of sufficient importance to merit a place in your valuable Journal, you will oblige a subscriber by its insertion. Were *unfortunate* cases oftener published, exhibiting errors in theory, and mistakes in practice, although individual pride and possibly reputation might suffer, yet it is believed that the science of medicine would be thereby improved.

Amos Howard, Esq., of Jamaica, Vt., æt. 63, when about thirty years of age discovered a small indolent tumor, immediately under the angle of the jaw upon the right side. It gradually, but slowly increased in size, being troublesome only by its bulk and weight, except once or twice within the last few years, when some portion assumed the inflammatory action and suppurated, but afterward healed as kindly as any other part of the body, without affecting at all the general appearance or condition of the tumor.

At length its size became so enormous as to rest upon the thorax, as low as the sixth or seventh rib, measuring about seven inches by twelve, and weighing, after its removal, nine and a half pounds. The skin, at length, from the long-continued and violent distention, ulcerated and

sloughed in various places, giving discharge to an ichorous offensive matter; and in spite of every treatment adopted, the ulcers spread and showed no disposition to heal. The general health suffered, and the removal of the tumor seemed to afford the only chance of recovery.

On the 2d of December, 1834, Dr. Twitchell, of Keene, N. H. with necessary assistants, proceeded to the operation, which was performed with his usual dexterity and skill. It was found involving no very important parts. Although it lay immediately on the large vessels of the neck, it was not encysted, and required careful dissection throughout the whole extent. No artery of much magnitude was divided; several required the ligature, but were of a small size, and were mostly near the surface of the tumor. After the wound was dressed and the patient conveyed to his bed, so much hemorrhage occurred from the wound as to render it necessary twice, in succession, to remove the dressings, and it was only at last effectually suppressed by pressure applied by the fingers of an assistant. The hemorrhage seemed to be rather an oozing from a large surface, than traceable to particular bleeding vessels, and no doubt was in a considerable measure venous. The attaching surface was of an oval figure, and probably about seven inches by five. The operation was necessarily tedious, but was borne with greater fortitude than was anticipated. The most unfortunate occurrence was the division of the facial nerve, by which the right side of his face was partially paralyzed, and his mouth assumed a position further to the left than natural.

There were other tumors of a small size, but of a similar character, immediately under and in the vicinity of the large one, but the patient was too much exhausted to bear their removal at that time.

The wound healed in three or four weeks, without any special occurrence, and he expressed himself more comfortable, except some remaining debility, than he had been for several months. This exemption, however, from pain and suffering, was of short duration. On the 12th of January, six weeks from the operation, and perhaps three from the time the wound was cicatrized, I was summoned to my patient on account of general ill health. His main complaint was pain in the lumbar region, with general distress; his tongue foul and his breath foetid; a copious secretion of mucus from the fauces, and a slight cough; pulse weak and but little accelerated; bowels constipated. A cathartic, with a few of Dover's powders, afforded considerable relief; but the abatement was of short continuance. The pain in the back and lower limbs was excessive, and could only be controlled by opium in some form or other; his bowels obstinately costive; stools, when procured, dark and extremely foetid; tongue heavily loaded with a brownish coat; breath very offensive; general soreness of the flesh, and chose to lie wholly upon the back; pulse generally soft and slow; cough scarcely noticeable, and respiration long and free.

The small tumors before spoken of, especially one on the left clavicle, which at the time of the operation was not larger than half a walnut, increased rapidly in size, were somewhat inflamed, tender to the touch and slightly painful. There was an evident oedema all along upon the sternum and ribs of the left side, and the whole extent tender upon pressure.

Cathartic, alkaline and alterative medicine, in various combinations,

with cupping and blistering upon the loins, were tried with but little alleviation to his sufferings. Also cicuta, hyoscyamus, belladonna, &c. of the narcotic tribe, but with no essential relief. Nothing but opium or morphine, in increased doses, would appease his moans, or render existence tolerable. When interrogated in relation to the locality of his distress, the reply was invariably, "In my back and all over me." No particular vertebræ were specially tender upon pressure, nor did blistering or other irritation afford any relief. During the last ten days of his existence, the cough was more urgent, but was not considered by any medical friend, though many saw him, as a prominent symptom. Expectoration very easy, and consisting of common mucus; he even laid with his head low, and his respiration was uncommonly long and free. His urine deposited a copious pink-colored sediment from the beginning; perspiration by turns excessive, but no regular hectic paroxysms were noticeable. The surface of the body was generally cooler than natural, and required artificial heat and friction to make him comfortable. With these symptoms, slightly varied from day to day, he rapidly emaciated, and sunk under his accumulated sufferings, February 23d, about six weeks from the attack, and twelve from the operation.

*Examination, 24 hours after death.*—The tumor upon the left clavicle was first removed. It was apparently of the same structure of the larger one. It occupied or covered more than half the length of that bone, to which it was closely attached, adhering firmly to the periosteum. On cutting into its substance and scraping it with the back of the scalpel, the instrument was evidently besmeared with pus, although no particular ulcer or cavity of matter existed. Its weight, probably, was two or three ounces, and which at the time of the operation could not have exceeded as many drachms. On raising the sternum, the first deviation from healthy appearance discoverable was hydrothorax; from sixteen to twenty ounces of serum were removed, some from both sides, but principally from the left. On examining the lungs, they were found to contain several tumors, and some of considerable magnitude. One, of the size of a goose egg, and of a similar form, occupied the superior portion of the left lung, and weighed at least six or eight ounces; others, of smaller dimensions, were scattered through both lobes—yet not so numerous nor so small as is often found in tubercular cases. They appeared to possess the same pancreatic structure which distinguished the large one, first operated upon, and were also semi-purulent throughout, like the one described upon the clavicle—containing no vomica or abscess, but the matter diffused through their substance, like being contained in vessels. The thoracic viscera in other respects natural.

The abdominal department was examined with care, but no variations from healthy structure were detected.

It is to be regretted that the spinal column was not dissected.

W. R. RANNEY, M.D.

W. Townshend, Ft. July, 1835.



EXTRACT FROM A LECTURE ON THE PHYSIOLOGY OF THE EYE.\*

BY CHARLES SMITH, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THE physiology of the eye has been handed down from one to another, like the history of Europe or America, without even a conflicting opinion of the correctness of the theory. If this had been the comparative march of the science of Anatomy, we should not have learned yet that the blood flows in the arteries, or that the heat of the body is generated in the lungs.

I will admit, however, that there are different opinions or representations of the refractive bodies, in the passage of the rays from the lens to the retina; as, for instance—one author will represent two cones of rays, and another six or eight, as if it were necessary for every point of an image to have an appropriate pencil of rays; and all agreeing that the rays are collected into foci upon the retina, and also that it is necessary for the image to be inverted upon the retina, in order to give a clear perception of the external scene.

For the present purpose I will give a brief view, from our most approved authors, of the refractive bodies of the eye, and then proceed to my demonstration, with the anticipation of its being (as to its correctness) admitted.

1. The superior density of the cornea and the sphericity of its surface, are considered sufficient to converge the rays towards the retina.

2. The aqueous humor is to diminish the convergence of the rays—at least this is the opinion of some authors.

3. The crystalline lens causes the rays to form a focus upon the retina, and

4. The vitreous body serves to converge the rays a little.

The above is an abstract view of the prevailing notions, to which I will add

First. The cornea serves to increase the amount of light, in proportion to its refractive power, which operates only on those rays that fall obliquely on its surface; but those that pass through the cornea in a perpendicular line are not bent at their insertion or emergence. Its power of refraction, then, is only equal to a plane surface; but that of increasing light is by the convergence of the rays in their passage through the cornea, after which they form a beam of light, a part of which passes through the pupil, and the remainder is reflected or absorbed by the iris.

Second. The aqueous humor we allow is of inferior density compared with the cornea and lens, and is superior to the atmosphere; consequently the rays are refracted, or would be in proportion to its density, should their direction be oblique to its surface. The rays having formed a beam of light at their emergence from the cornea, they are suffered to pass through the aqueous humor without any modification.

Third. It appears that the crystalline lens is the only refractive body of the eye, that has the power of bringing the rays to a focus. By this

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\* Delivered before the Lyceum at Le Roy, N. Y. July, 1835.

body, then, the rays are collected into foci at the distance of from one to two and a half lines from the retina, in the vitreous body, at which point they cross and diverge so as to be impinged upon the retina. At least when an object is held up before an eye, from which the opaque coats are removed at the posterior part, and their place occupied by a piece of oiled paper, and allowing the rays of light to pass on all sides of the object, there appears to be an imperfect shadow upon the paper, and it is inverted ; but it does not prove that the image is impinged upon the retina, and indeed I think it cannot be, because the light is necessarily absorbed by the choroid coat. Now, if the rays did not form a focus prior to being impinged, the image would appear erect upon the retina, as it does in nature, for the reason that the cornea and the aqueous and vitreous bodies have not the power of inverting the image upon the retina. The crystalline lens may be extracted, depressed or absorbed, and yet there is perfect vision. If it is necessary for the image to be painted upon the retina and inverted, by the refractive power of the lens, it would in the absence of this body appear inverted to the sensorium, and its shadow upon the retina would appear erect, as it does in nature—i. e. if it were necessary for the image to be inverted upon the retina, to make it appear erect to the sensorium, the absence of the lens would show the shadow erect upon the retina, and inverted to the sensorium.

Fourth. The vitreous humor having but little refractive power, is probably placed in the eye merely for the purpose of giving figure to the globe, and extending the focal distance required by the crystalline lens to cross the rays before they reach the retina. At the focal point there is more light than in the converging or diverging cones, which this camera obscura seems to require for its clear perception of objects.

Is it not a fact that the cornea forms a beam of light at the emergence of the rays from that coat, and is suffered to pass through the aqueous humor in a straight line ? Does not the crystalline lens bring the rays to a focus before they reach the retina ; and is it not immaterial whether this body exists or not, or whether the image or shadow appears erect or inverted upon the retina, for distinct perception ? I think the answer must be in the affirmative, and that there need not remain a doubt as to the transportation of the image from the retina to the sensorium ; because this estimation of the refractive bodies (if it be correct) most certainly proves that the object is seen externally as it exists in nature, and that the image is not necessarily impinged upon the retina, but is conveyed to the sensorium through the optic nerve, as the concussion of the atmosphere upon the tympanum (causing vibration), is transported through the auditory to the same seat.

#### BLISTERS, IRRITABLE, ULCERATED.

[Communicated for the Boston Medical and Surgical Journal.]

THE publication of extraordinary medical facts and cases is valuable, and worthy of a place in a medical journal ; but it is the every-day disease, and the accidents connected with daily practice, which hazard more of health and of life than the cholera or yellow fever.

In a practice of twenty-five years, I have seldom seen prescriptions more completely useless, and many times hurtful, than in treating irritable or ulcerated blisters. Patients of all ages are obnoxious to the first, the irritable state, occasionally to the second, the ulcerated by no means necessarily following. The ulcerated state most usually occurs in small children, and when the blister has been applied to the throat, chest, or abdomen; and here they sometimes prove fatal, either by terminating in gangrene, or exhausting the little patient by long-continued and excessive purulent discharge. The state of irritation, though very tedious and painful, mocking the every effort of physicians and nurses to allay it, in adults seldom or never proves fatal, but in small children it may.

Some may deem this subject of too little importance to occupy the pages of a medical journal. Dr. Channing thought otherwise. See *N. E. Journal of Medicine and Surgery* for 1826, vol. 15, page 235. The doctor there reports two cases, one of which proved fatal.

So fearful am I of the evil effects of blistering little children under six or seven years of age, that I seldom resort to it in any case. The younger, the more hazardous. The various modes suggested by others to avoid the evil have often failed. The removing the plaister in the course of one or two hours, and sometimes less, I consider no security against its dreaded effects; and in the various kinds of dressings, I find no antidote.

I have never fully tested the virtues of nitrate of silver, as advised in ulcers, &c. by Higginbottom; and in the ulcerated state, with little children who almost have fits at the sight of a doctor under such circumstances, I apprehend there might be difficulty, if not danger, in its application, from their restlessness and fears.

My object is to solicit information, and I hope the subject may be thought worthy of some of your correspondents' attention. What is the best means to prevent a blister becoming irritable? What will best relieve it when irritable? When in little children the blister becomes ulcerated, not disposed to heal, discharging much purulent matter, what is then to be done? what with safety will suppress the discharge and heal the ulcer?

CALVIN JEWETT, M.D.

*St. Johnsbury, Vt. August, 1835.*

## PHARMACEUTICAL USE OF ALCOHOL.

FROM DR. ALLEN'S ESSAY ON NARCOTIC SUBSTANCES.

THE use of alcoholic dilutions as pharmaceutical agents is essentially different from their use on account of their own specific and inherent medicinal qualities. Properly used as solvents of some medicinal substances, as camphor, opium, &c. they are convenient, and void of very material pernicious consequences. In these instances they are simply to be regarded as vehicles, and have no more claims to the title of medicine than the apple sauce or molasses in which a portion of calomel may happen to be administered.

The use of these articles even in this way requires certain fixed and definite rules. Dr. Rush interdicted the use of ardent spirit in bitters, and in all cases when used as a solvent restricted its employment to those cases which in consequence of the activity of the medicine, required to be given in drops or minimum doses. Thus used, the effect of the alcohol in consequence of the smallness of the quantity, is so imperceptible that no essential evil can possibly result, although it may vary only in degree from that of a larger portion.

It is a fact, however, that diluted alcohol as a solvent has in many instances needlessly and disadvantageously been introduced into our best systems of Pharmacy. Some articles of medicine can just as well be prepared for use without the alcoholic liquid, and others are rendered less efficacious and convenient by their combination with alcohol. For instance, guaiacum as a general rule, by solution in alcohol, or ardent spirit, is not only rendered less pleasant to be taken, but less efficacious. Iodine, too, which is usually administered in an alcoholic solution diluted with water, is more appropriately given when dissolved in alkali, which is its proper solvent, than in alcohol. When dissolved in alcohol and taken diluted with water, as it is usually, considerable of the medicine is lost by precipitation. The same objection may be made to the alcoholic solution of guaiacum; but what constitutes a greater evil in this instance, is the burning or pungent taste of the solution, and its being rendered more heating to the system, and hence rendered pernicious in those cases where it might have been otherwise used advantageously. Upon this subject, Dr. Cullen long since observed, "Several physicians have apprehended mischief from the use of guaiacum in a spirituous tincture, and I am certain that it sometimes happens. It is therefore that, in imitation of the very respectable Berger of Copenhagen, I avoid the spirituous tincture of guaiacum, and employ almost only the diffusion of it in water." This medicinal agent is much more pleasantly taken when reduced to a powder in combination with loaf sugar and cassia-buds or cinnamon, and diffused in *cold water*, than in any alcoholic solution, and its efficacy in all cases equal, if not superior, without so many inconveniences as the solution. Many other instances might be adduced in which the narcotic alcohol is inappropriately used as a pharmaceutical agent, and in some instances, even in direct violation of some of the most obvious and acknowledged rules of Pharmacy.

It is often asked, if alcohol be dispensed with, how shall physicians and apothecaries prepare for use the resins and gum resins? To which it may be replied that the alkalies are the best solvents for these articles. The *liquor potassæ* will dissolve any resin that alcohol will, and when properly diluted is medicinal itself. It is alterative, deobstruent and antacid, and has long been successfully used in dyspepsia and scrofula. The old *elixir proprietatis* is certainly more efficient in most instances, made with diluted liquor potassæ, than with diluted alcohol. The effect of *potassæ* upon the stomach, administered in such quantity as is requisite with this medicine, is salutary, while that of alcohol is to impair its functions.

Let the experiment be fairly made by any well-informed and intelligent practitioner, who is bound to no *school* nor *wedded to any system* but *truth*, and I have no hesitancy in asserting the advantage will be

found greatly on the side of an absolute and entire rejection of all the intoxicating liquors as ordinary medicinal agents. In the absence of better articles they may indeed temporarily seem to serve as a substitute for something better, on the same principle that some persons to prevent starvation have eaten the flesh of dogs, cats, &c., but such a case will rarely occur in our country.

This question is most satisfactorily settled by using alcoholic solutions for a series of years in the numerous diseases in which they may, at times, appear to be indicated; and then for a series of years to try other agents in the same pathological states of the system. This course will be fair, and the result in all cases I have no doubt will be in favor of the abandonment of the use of spirituous medicines. All active remedies are useless and worse than useless which cannot be shown to accomplish some useful purpose.

## BOSTON MEDICAL AND SURGICAL JOURNAL

BOSTON, AUGUST 26, 1835.

### INFANTILE REMITTENT FEVER.

DR. ALEXANDER, an eminent physician of Manchester, Eng. has recently called the attention of practitioners to the consideration of a hitherto neglected subject—infantile remittent fever. He complains, and very justly, that the diseases of childhood have had a sort of indiscriminate treatment, without that special regard to the true nature of their maladies, which the great mortality that marks the progress of infantile years, would obviously seem to demand. The same remark might doubtless be made with propriety in relation to the general mode of treating the diseases of infancy in this country. With no class of patients is it so difficult to ascertain the precise character of their complaints; and certainly it will be admitted that to this, in some measure, is to be imputed the melancholy loss of such numbers of promising children as are annually swelling the bills of mortality. But though infantile pathology is thus beset with difficulties, a conscientious practitioner will not on that account labor with less earnestness to understand the nature of those secret agents which so early and so frequently sever the silken thread of life. Without an accurate and definite knowledge of infantile pathology, how is it possible to prescribe medicines judiciously? Yet nothing is more common than to be in such haste, that little or no good is derived from the slight examination the physician makes of indisposed infants. A few simples of the *materia medica*, which are commonly admitted to be incapable of doing harm, and too often found to do no good, are sometimes alone resorted to, and the little sufferer actually dies a martyr to neglect.

Dr. Alexander avers that the remittent fever of childhood has received such a variety of names, that this circumstance, of itself, is sufficient to lead to serious errors in practice. *Atrophia infantilis*, *marasmus*, infantile fever, *tabes mesenterica*, infantile hectic, besides several other popular terms, really all mean the same thing.

The disease, says this able gentleman, presents three distinct periods, during which there are certain symptoms, requiring the institution of a

corresponding treatment. In the first stage the child is languid, listless and drowsy, with a changeable countenance, a varying appetite, thirst, and irregular bowels. At certain times of the day it is more indisposed than at others. The remissions are such as to misguide and blind the physician to the danger. With the exception of the abdomen, the body emaciates, the pulse is quick, and a convulsion is no uncommon occurrence. If the disease is not arrested, the second stage presents the following peculiarities:—Emaciation becomes very considerable, the strength is reduced, the thirst increased, the mind confused, and the child picks the nostrils, fingers or lips, and appears confused and oppressed during the evening exacerbations. Food is badly digested, if taken at all, and the bowels are tumid and sometimes painful to the touch. In the day the skin is hot, hard and dry, the pulse being nearly 110, and not unfrequently much higher. Next, the abdomen becomes tympanitic, and stupor comes on, or delirium, the almost certain precursor of death.

These are among the evidences of remittent fever, but the genuine cause remains a mooted point with professed writers on pathology. Inflammation of the mucous membrane of the stomach, ulcerative patches of the ileum, chronic enlargement and subsequent ulcerations of the mesenteric glands, &c. are among the frequent accompaniments of the fever, but no satisfactory cause has been assigned, and therefore the opportunity presents itself to the benevolent of improving the mode of managing this disease.

Communications on this subject, which has been suggested to ourselves by the perusal of Dr. Alexander's remarks, would be exceedingly prized, particularly as the season is advancing when febrile affections are particularly manifested among children in the Northern States.

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#### HEALTH OF BOSTON.

HAVING regretted, in common with our fellow citizens, that an impression should have been made abroad that this city was particularly unhealthy, we are happy in announcing that the town has never been more completely free from fevers, than at the present time. There has not been a prevalence, to our knowledge, of any one disease, for nearly a year. The weekly bills of mortality, made out carefully at the Health Office, are the best evidence of the facts. Knowing from personal observation the actual state of the public health, and fully believing there is not a city in America, where such a multitude of people are closely congregated, more highly favored in respect to immunity from disease, we feel a satisfaction and boldness in repeating that Boston is in excellent health.

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*London University Medical School.*—Lord Brougham, on a public occasion, recently pronounced this a flourishing institution. His words were, that "it was unquestionably the most flourishing and best attended in this country" (England). It will be well for young Americans who are on the *qui vive* for being finished professionally, in Europe, to keep in mind the declaration of his lordship—a man eminently qualified to estimate the proper value of anything. Still, we are altogether opposed to the migratory manner of studying medicine and surgery which has so long been fashionable in the United States. Physicians cannot be better educated abroad than at home, provided they pay half the attention to their studies here, that they generally bestow on trifles on the opposite shores of the Atlantic.

**Vaccination in Paris.**—The Mayors of Paris have urged the inhabitants of their districts to cause their children to be vaccinated, as during the present season of hot weather, says the London Morning Herald, of July 11th, the smallpox is much more violent. The operation is performed, gratuitously, in various quarters of Paris, at the public expense, as it is in Boston and Philadelphia.

**Dupuytren's Legacy.**—The Moniteur, of recent date, contains a Royal Ordinance, authorising the faculty of medicine of Paris to accept the legacy of 200,000 francs bequeathed to the institution by the late Baron Dupuytren, dated October 21st, 1834, and to apply it in founding a lectureship on internal and external pathological anatomy.

**Helleborus Niger in Intermittent Fever.**—Dr. Berndt remarks, in his *Klinische Mittheilungen*, that in the treatment of quartan agues he seldom employs the bark or its preparations, but relies chiefly on the black hellebore in large doses, as recommended by Hildanus. He obtained the best effects from it when administered in the following formula :

R. Extract. Hellebor.  
Ammon. Muriat. aa 3ii.  
Extract. absynth. 3i.  
Aqua menth. pip. 3i.

Of this mixture a table-spoonful was administered every two hours. Twelve cases out of thirteen were cured by this method, and it was only found necessary in the thirteenth, to call in the agency of the bark.—*Hecker's Wissenschaftlichen Annalen der gesamt. Heilkunde.*

**Nux Vomica in spasmodic Asthma.**—A case is reported in *Kauch's Gesti und kritik der medec. chirurg. Zeitschriften*, of a young man, aged twenty years, who after having employed all the most efficacious remedies for spasmodic asthma without success, was effectually relieved by the continued use of nux vomica. The habitual difficulty of respiration subsided, and the paroxysms of asthma disappeared and did not return.—*Strohmayer Medecinisch. Prak. Darstellung.*

**Cure of Jaundice.**—Frere Le Ome used to cure jaundice by giving a drachm of dried and powdered walnut leaves, infused in a glass of white wine every morning fasting. From fifteen to twenty doses were for the most part sufficient to annihilate the disorder.—*N. A. Arch.*

**TO CORRESPONDENTS.**—The Communications of Dr. Osgood on the Yellow Fever of Havana, of Dr. Williams on Poisoning, and of Dr. Reed on the Ohio Medical College, are on file for publication. We have also received Dr. Parsons's Prize Dissertation on Cancer, which will require a double number of the Journal, and of which further notice will be given previous to publication.

**DIED**—In Hoboken, N. J. Dr. Richard Stevens, aged 44.—In Bedford, Pa. Dr. William Watson.

Whole number of deaths in Boston for the week ending August 15, 46. Males, 26—Females, 20.  
Of typhous fever, 1—old age, 1—hives, 1—infantile, 4—dysentery, 4—throat distemper, 1—measles, 3—dropsy on the brain, 1—dropsy, 1—disease of the spine, 1—complicated disease, 1—bilious fever, 1—diarrhoea, 1—scarlet fever, 3—rickets, 1—hooping cough, 2—inflammation of the bowels, 3—accidental, 2—fever, 1—drinking cold water, 1—liver complaint, 1—lung fever, 1—palsy, 1—teething, 1—worms, 1—disease of the heart, 1—consumption, 3—cholera infantum, 1. Stillborn, 2.

## MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of MEDICAL INSTRUCTION, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive Clinical Lectures on the cases which they witness there. Instruction, by examination or lectures, will be given in the intervals of the Public Lectures of the University.

On Midwifery, and the Diseases of Women and Children, and on Chemistry	By DR. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica	By DR. WARE.
On the Principles and Practices of Surgery	By DR. OTIS.
On Anatomy, Human and Comparative	By DR. LEWIS.

For the greater accommodation of the Class, a room is provided in the house of one of the instructors, having in it a large library, and furnished with lights and fuel, without charge to the students.

The Fees will be, for one year, \$100. Six months, \$50. Three months, \$25.

The Fees are to be paid in advance. No credit will be given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to DR. WALTER CHANNING, Tremont Street, opposite the Tremont House, Boston. 6m.

WALTER CHANNING,  
JOHN WARE,  
GEORGE W. OTIS, JR.  
WINSLOW LEWIS, JR.

Boston, April 1, 1835.

**DR. BUXTON'S PATENT PAPILLARY SHIELD, OR PROTECTOR, FOR LADIES' SORE NIPPLES.**—This new and useful instrument guards the nipple from all external pressure, and allows the milk to be drawn away by the child with perfect ease and freedom. It consists of a circular stock of wood, ivory, or other suitable material; the lower part of which is about two inches in diameter, and forms an exterior rim of about one third of an inch around the superior part of the stock, which is also circular, and is about an inch and a half in diameter and about an inch deep. A circular chamber of about one inch in diameter is perforated through the lower centre of the stock. This chamber receives the nipple, when the lower surface of the stock, which is rendered slightly concave, is applied to the breast. By a metallic plate inserted in the top of the stock, is fixed a teat covered with gum elastic, for the accommodation of the child's mouth. In the side of the instrument is a small aperture communicating with the chamber, closed on the outside by a spring key, the use of which is to supply the chamber with atmospheric air, when necessary; air being the only pressure required to expel the milk through the excretory ducts of the lacteal glands or vessels of the nipple.

In using the above instrument it is necessary that its chamber should be large, moderate, or small, according to the size of the nipple—therefore the purchaser should ask for a proper sized one—as a perfect operation depends upon this precaution.

Sold wholesale and retail in Boston, by WILLIAM WARD, No's 26 and 27 India street, and PEIRSON & ROWLAND, Apothecaries' Hall, 183 Washington street, and Apothecaries generally.

## PHILOSOPHICAL APPARATUS.

**JOSEPH BROWN**, of the late firm of BROWN & PEIRCE, 87 Washington Street, up stairs, manufactures and keeps constantly for sale, a large variety of apparatus, illustrative of the different departments of science, as Mechanics, Hydrostatics, Pneumatics, Electricity, Galvanism, Magnetism; Optics or Models of the Eye, and Acoustics or Models of the Ear, two beautiful pieces of apparatus (devised by J. V. C. SMITH, M.D.), of great worth to the medical student and anatomical lecturer. All the above articles are manufactured of the best of materials, and in a thorough manner.

Models of the Eye and Ear may be seen at the office of the Medical Journal.

Boston, May 6, 1835.

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## MEDICAL AND SURGICAL EDUCATION.

THE subscriber continues to receive medical pupils at the United States Marine Hospital, Chelsea, and to offer them the following advantages.

The institution at present contains seventy beds: all of which are occupied during the autumn and winter by the subjects, both of medical and surgical treatment. The number of patients in the spring and summer is rather less. The average number daily, throughout the last year, was between fifty-five and sixty. The number is annually increasing. A greater variety of disease is thus presented, than is to be found in those hospitals exclusively appropriated to the poor of any city.

The students have unrestrained access to these cases during all hours: as also to the extensive apothecary shop connected with the establishment.

A valuable medical library is offered for their use.

Facilities for the cultivation of demonstrative anatomy, are afforded through the winter.

The students are provided with a suitable apartment in the hospital, which is furnished with fuel and lights, without charge.

Fees, \$50 a year.

Board may be procured in the vicinity of the hospital, at from \$2.50 to \$3.00 per week.

Boston, April 21, 1835.

(April 29.—tf.)

C. H. STEDMAN.

**JOHN S. BARTLETT, M.D. M.M.S.S.**, late of Marblehead, has removed to this city, and may be found at the house of Thomas Murphy, Esq. No. 22 Atkinson Street.

Boston, August 12, 1835.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. J. V. C. SMITH, M.D. Editor. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy, *gratis*.—Postage the same as for a newspaper.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XIII.]

WEDNESDAY, SEPTEMBER 2, 1835.

[NO. 4.]

## THE YELLOW FEVER OF HAVANA.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—I send you the following account of the yellow fever, or the inflammatory fever of West India ports. In it are stated what I assume to be its especial causes, its various degrees of force in different subjects, its several distinct stages and their predominant symptoms, and its cure.

Hoping you may find what I offer, acceptable, for insertion in your Journal, it is submitted to be at your disposition, by

Respected Sir, your obedient servant,  
*Havana, June 21, 1835.*

DANIEL OSGOOD.

IN a letter to Cyrus Perkins, M.D., published by Elam Bliss, New York, 1820, by the present writer, it was stated and argued in regard to the especial predisposing cause of this fever and its localities, that oxygen gas, when it has been taken into the stomach, or breathed in a pure state, operates as a poison, and causes the especial character of this disease in its subjects; that this gas has been found by endiometrical experiments of several philosophers, to superabound in certain places, where it had been set at liberty from bodies of waters, by the action of the sun and air, at a high degree of temperature; that the conditions for the production and accumulation of the same are presented in West India ports, and in the other places where the disease has appeared; and, lastly, countervailing causes were assigned to account for its non-appearance in other like-conditioned places.

The most frequent of the occasional causes is a sudden exposure to changes in the state of the atmosphere. The variations in the atmospheric temperature influencing the cause, may be from the mean  $84^{\circ}$ , minimum  $76^{\circ}$ , maximum  $92^{\circ}$ . In Havana, to within this range of the heat the fever may be limited, although it is sometimes seen when the temperature is below  $76^{\circ}$ ; when the heat is at about  $90^{\circ}$ , the sea and land breezes alternate, so that it seldom rises above  $92^{\circ}$ . These breezes shift the water in and out of the bay, and disperse the exhalations, and during their continuance but few cases of fever occur.

A prevailing north or north-west wind from the sea, puts a stop to the occurrence of new cases, altogether; whereas these are greatly increased and aggravated by an eastwardly wind, when it has blown for several days in succession across the bay at the windward of the city.

Until of late, the easterly winds were almost always prevalent, and with them fever was always present. For a few years past the winds have been more variable, and the fever less frequent in its occurrence.

The bay of Havana, except at its entrance, is environed by high barren land, and its shores are as clean as the rocks washed by the sea. The atmosphere of this place, therefore, cannot be suspected to abound in putridinous gases ; besides which, it is remarkable that patients with fevers, while on their passage here from marshy situations, or in ships crowded with men, are found speedily to recover after their arrival, while others, who had not been sick on their passage, have been in a short time seized with the inflammatory fever.

This fever differs from the others, particularly in not having, like them, daily exacerbations and remissions of paroxysms. These facts tend to prove that the causes of the different epidemic and endemic fevers are distinct in kind and produce specific effects, independently of their differences in degree. Still foul air is not to be excluded from the list of the remote causes of this fever ; for whatever proves capable of disturbing the healthy functions, may give occasion to the taking place of this as well as of other diseases.

Other frequent causes are, insolation ; and any excess in conduct, as the committing of a debauch, giving loose to the reins of the passions, hasty and violent exercise after idleness, fretting in affairs of business, neglecting to keep the excretions free, and the tampering with medicines. The proximate cause is a sudden diminution of the force of the vital principle by the operation of the especial predisposing cause, to so great a degree as to destroy the predominant influence of the vital over the physical operations in the system. Individuals acclimated to a high degree of heat, but not to a superabundance of oxygen gas in the atmosphere, as well as the unacclimated to both, are found liable to be attacked, but the latter more so than the former.

The acclimated inhabitants are subjects for most of the inflammatory affections of the same fever ; but they are exempt from that form of it particularly in which the black vomit is seen. The reason of their exemption from this symptom may be the known fact that their solids possess less constitutional tone, and their fluids less density, and a lower degree of temperature, than those of the unacclimated.

The predisposition, in persons of moderate and regular habits, endangers them to but a slight attack, which seldom continues over 36 or 48 hours ; whereas those of immoderate and irregular habits are subject to be more readily overtaken by the disease, and to be affected by it much more violently.

The symptoms of the fever are chiefly such as characterize the synocha of Cullen, or rather the *causus* of the ancients ; it has no other diagnostics but those of its inflammatory character for its *sine qua non* ; and none of those unclassic names heretofore given it are authorized by any symptom that invariably attends it at any period of its course. Therefore, until some nosologist shall have classified it with a more eligible denomination, there can be no impropriety in its being called the Inflammatory Fever of West India Ports ; or the *Causus*. If the latter were adopted, it could not be confounded with any name now in use for whatever other disease. Under this denomination we have the description by Areteus of a burning fever, which answers to no other but the one under consideration.

The common symptoms, requiring particular notice, with a view to the treatment, are the following, viz. : at the beginning the tongue is white or yellow over its central parts, with little or no unusual appearance on its borders ; the pulse is quick, full and dilated ; nausea and vomiting of a clear watery mucus or thin yellow bile occur ; the skin is hot ; the color, especially on the face, and the sclerotic tunic, is of a fiery redness ; and the eyes have an eager expression of some uncertain design.

This is the active inflammatory period. By proper treatment the inflammatory state may be brought to end in the convalescence of the patient on the third, fourth or fifth day ; but if it should continue unmitigated, new symptoms will supervene, with which a second period commences. The tongue will now be found not only white or yellowish over its central part, but its borders will appear inflamed ; the pulse, still quick and hard, will be contracted ; a burning heat will be felt in the stomach, and everything taken into the mouth, except pure cold water, by spoon-fuls only at a time, will be rejected ; frequent watery stools without fæces will be passed ; and the epigastrium, if pressed upon by the hand, will feel tumid and sore. These being the diagnostics of gastritis, &c., this second may be termed the phlegmonic period. In some instances the symptoms by which this period is commonly to be distinguished from the other, have been amongst the first to take place ; thus constituting one of both the usually distinct periods. This period may likewise terminate on the third, fourth or fifth day ; but, if sooner or later the change be not favorable, with it a third period begins. In this the pulse and heat subside suddenly, and fall even below the healthy state ; the skin loses its former high color, and in many cases changes to a yellow. The eyes appear of a turbid cast, the propensity to vomit is for the most part incessant, and, when vomiting takes place, it brings up either turbid mucus, phlegm with brown colored specks like flakes of soot, or the liquor, with a granular sediment, thought most in appearance to resemble coffee with its grounds ; and, lastly, singultus and convulsions in some instances. The foregoing, should the patient survive them without becoming convalescent, are precursory symptoms to a secondary fever. The pulse and heat soon rise to a feverish height ; the pulse has a compressible feel, but is full and quick. The skin is commonly parched with heat, though in some cases it is continually hot and damp ; petechiæ, vibices, passive hemorrhages, singultus, subsultus tendinum, sometimes one or more tumors arising on superficial muscular and glandular parts ; in short, most or all of the symptoms by which the plague of the Levant is distinguished, are seen in this period.

An erysipelatous inflammation of the stomach, or the whole alimentary canal and outwards, is not an infrequent symptom in this, which may be termed the passive inflammatory period. Instances occur, where this fever is prevailing, of persons who die suddenly, while predisposed to it, without having experienced any of the affections of the disease. In other instances the disease first begins with the symptoms of this period, those of neither of the others having previously taken place. Hence it may be inferred, that the poison which causes this fever sometimes operates with such violence, as suddenly to impair the vital principle in such a manner as to incapacitate it for the supporting of life. In all

cases, this principle having been deprived of its controlling influence, in some measure, over the physical movements, and their tendencies to dissolution, it is clear that the cure ought never to be trusted to the expectant plan of treatment. On the contrary, the antagonists to the vital forces must be reduced and brought under subjection by the use of means for moderating their high activity.

In effecting this intention, the powers of the system are not to be reduced so low as to render them incapable of performing their proper functions, by too much bleeding or by repeated doses of irritating medicines, to promote the excretions, or for any other purpose. The use of the latter means, it is to be feared, was too much the practice of some of the most distinguished physicians, prior to the date of the above-mentioned letter, in which the same was recommended, for an example to be followed, on their authority.

It has only been lately that the instructions of Dr. Cullen for the treatment of gastritis and gastro-enteritis have been duly attended to, by many physicians, in the treatment of this fever. Nor has the practice some pursue, at the present day, who depend on repeated bloodletting, until the fever leaves their patients, proved less dangerous than the other.

Numerous instances might be cited of death in consequence of passive hæmorrhages and a continued flowing of the thinned blood from the relaxed orifices remaining open, which had been made by the lancet and leeches. In the first stage of the fever, while the tongue is seen only to be white, or yellowish about its centre, without inflammation on its borders, and whilst the pulse is found dilated, for cases not forbidding venesection this operation should be immediately performed, and carried at once to the extent found requisite for moderating the fulness and the hardness of the pulse, and relieving the patient of his pains and heat to a sufficient degree. After the bleeding, and without any delay, a purge should be given for expelling the irritating contents accumulated in the first passages, and those communicating with them and the circulatory system, before they can have passed into the circulations. This will aid in the effecting of general depletion, and may thereby prevent the repetition of bloodletting to the extent which might otherwise have been considered requisite. Patients commonly, at this period, experiencing more or less propensity to vomit, can best take medicine in the form of pills. *R. Ext. Colocynth. Com. Hydrarg. muriat. mit ana grs. xv. m. fiant pil. v.* Of these 3 or the whole 5, if taken, will soon settle the stomach, and may produce free stools in the course of 5 or 6 hours; but if not, *R. Sulphat. magnes. 3ss. solve in aqua com. 3 iv. vel. Ol. Ricini 3ss. aqua com. 3 ij. Syr. Rosæ 3 ij. m.* Either of these laxatives or laxative clysters may be given to assist the effect of the pills. Such a dose has often prevented the fever when threatened, and not unfrequently put a stop to it after it had commenced. When, notwithstanding the first bleeding and purging, the pains, heat, &c. have returned, venesection, either in the arms or the feet, the latter being placed in warm water, must be repeated, but without subsequently repeating the pills.

If the bowels are uneasy and straitened, gentle laxative medicines or clysters may be given to relieve them. Diluting drinks, mean time, should be freely taken; as barley water, weak lemonade, and the like. To

a draught of either of these beverages may be added, every 4th hour, Nitrat. potassæ gr. v. vel. R. Aquæ Anmon. Acet. 3 iss. Nitrat. potas. 3 i. Decoct. corn. cerv. ust. 3 iv. Syr. Rosæ 3 ss. m. Dose 3 table-spoonfulls.

For removing any very considerable pain remaining, leeches may be found necessary, and emollient fomentations, to be applied over the parts affected; warm foot-baths and sinapisms to the soles of the feet are often beneficial, especially for pain in the head.

In the phlegmonic period, no purgative or other medicines can be given while the irritation of the stomach continues. Blood must first be taken by the lancet, or by leeches, or both. Cupping and scarifying will have the best effect if much uneasiness be felt in the præcordia, to be applied near to the part.

Farther to moderate the inflammation, the abdomen should be fomented with some emollient decoction and vinegar mixed together, and laxative emollient clysters, also mixed with vinegar, must be made use of for cooling and cleansing the bowels, unless the patient be harassed by too frequent stools; in which case apply leeches, and after their removal an emollient cataplasm over the hæmorrhoidal part. Until other drinks can be taken, without repugnance to the stomach, a spoonfull of cold water to moisten the mouth and throat, and relieve in some degree the uneasiness of thirst, should frequently be given. It will generally be found requisite to repeat the application of leeches over the epigastrium, and emollient fomentations and cataplasms over the whole abdomen. By the assiduous use of such means, to the exclusion of every other capable of producing a more stimulating effect, the organic inflammation may be speedily removed, so that cooling drinks and aperient medicines can be received into the stomach, which may then be given, if required, for removing any inflammatory symptoms remaining.

When unfortunately the third stage commences, it must be met and opposed with means directed against the affections which arise.

In the beginning, if the bowels had been previously neglected, it may be required for the removal of offending matters in them, to administer enemas of sea water and vinegar; or oleaginous clysters, prepared by adding soap and olive oil, or castor oil, to a suitable quantity of some emollient decoction to form a mixture.

Farther against the anti-peristaltic perversion, on which the vomiting much depends, opiate enemas may be very serviceable. R. Infus. Sen. Lini. 3 iv. vel. vi. Tinct. Opi. 3 ss. vel. j. m. Also frictions over the abdomen with powder of mustard mixed in water, and sometimes a sinapism or a blister, may be applied with advantage. Pure cold water or ice water is the only drink to be given, not to excite vomiting, and that but in small quantities at a time.

To raise the fallen pulse and restore warmth, apply strong sinapisms to the soles of the feet, the palms of the hands and the arms and legs; also frictions of mustard and water or other warming liquids over other parts of the body; and if the stomach will permit, give some warm beverage—R. Decoct. corn. cerv. un. 3 ij. mist. camphorat. 3 ss. syrup. com. 3 ij. m.—for a draught.

If the pulse and heat have risen to a state of fever, recourse is to be had to cooling diluting drinks and diaphoretic and diurectic medicines,

as before. Some laxative draught should be given if the state of the bowels require it. *R. Pulp. Tamarind. mannæ, ana ʒij. solve in decoct. althææ, Hj. one third part to be taken every two hours, or laxative enemæ may be employed. Cold water, if much craved, should be given. Cold bathing, when the skin is parched with heat, or tepid when the surface is uncomfortably moist, may be used with benefit. When the pores of the skin are obstinately constricted, frictions with olive oil over the whole body, and afterwards bathing, will often be found to promote the flow of perspiration.*

The erysipelatous inflammation should be moderated by cupping and scarifying over the parts of the abdomen most suffering; also emollient decoctions must be employed for fomenting the skin and for enemæ and semicupium. For drink, gum water or the Decoct. corn. cerv. ust. will be proper, and a few drops *Spt. æth. nitri.* may be added occasionally.

For the spasmodic affections, antispasmodics must be taken every 4th hour: as, *R. Gum. opii. gr. j. f. pil. j. vel. R. Assafœtidæ ʒij. aq. com. ʒvi. m. dose ʒi. vel. R. Moschi gum Arabic sac. pur. ana ʒj. aqua rosæ ʒvj. m. dose ʒss. to ij.* During the occurrence of convulsions, give half a drachm, or a drachm of sulphuric æther, every hour. The tumors that may arise behind the ears or elsewhere, should, when they appear, be brought to suppurate with warm fomentations and cataplasms. If repelled, they prove fatal. In general, all tonic and stimulating drinks and medicines, even in this passive stage of the fever, have proved detrimental in most instances where they have been employed. So soon as light aliments can be taken without loathing, the patient should be allowed milk, sago, panada, or broth made of chicken or veal, as he may like best, and toast water and refreshing beverages for drink.

The same should be observed in other periods of the disease, in respect to tonic medicines and to food and drinks, at the commencement of their recovery, for the preventing of relapses. By the cautious use of light food and of nothing stronger than weak claret and water or beer, the convalescents soon find themselves perfectly well.

The writer will here subjoin, as he thinks it his duty, after thirty years of almost uninterrupted practice and observation in West India ports, that when other views have been pursued, materially differing from those above taken, defective as they will be found, for the treatment of this disease, one in ten of the patients have been lost; of whom 49 out of 50 might otherwise have been saved.

## CASES OF POISONING, PROBABLY FROM THE USE OF NEW CHEESE.

BY STEPHEN W. WILLIAMS, M.D., ETC.

[Communicated for the Boston Medical and Surgical Journal.]

ABOUT 11 o'clock in the night of the 7th of July, 1835, I was called to Mrs. E. N., who was complaining of excruciating pain and distress in her stomach and bowels. Her stomach was extremely tense and sore to the touch, and there was much febrile excitement in the system. She had been taking an infusion of thoroughwort (*eupatorium perfoliatum*),

which had excited vomiting, and she had also been using enemata of the same, which had procured some discharges from her bowels. I inquired of her what she had eaten for supper, and she said, "nothing but a little bread and butter, and some new cheese" which she had that afternoon purchased of a pedlar, and a cup of tea. As she had heretofore been subject to such attacks of pain and soreness in the stomach, I hardly thought of its being excited by the cheese. I gave her a dose of calomel, to be followed by castor oil, and directed fomentations to her stomach and bowels. I left her relieved between twelve and one o'clock.

About an hour after, I was called from my bed in haste, to visit Mr. N. and wife who were both complaining of extreme sickness at the stomach, violent pain in the stomach and bowels, and great soreness in those regions. Mr. N. was puking and purging excessively, and was very much exhausted. Mrs. N. was also vomiting continually. She was very much cramped. As she was in a state of pregnancy, I feared it might bring on premature labor. She was also considerably reduced. I inquired of them what they had eaten for supper. Mr. N. informed me that with other things, such as he usually eat at night, he had eaten freely of new cheese which he got at his mother's that evening, which was the same with that which produced his mother's sickness the same night. His wife took tea two or three hours before, but just before bed time she eat a large slice of the same cheese. They were both attacked with sickness and pain at the stomach about an hour after. I prepared for them the compound chalk mixture with a large addition of laudanum, and directed fomentations to the bowels and injections for Mrs. N. Mr. N. was able to be about the next day, although much exhausted. Mrs. N. remained quite sick several days. In passing up street the next morning to visit these patients, I was accosted by several people, who informed me that the night before they had been attacked with violent pain in the stomach and bowels, and some of them with cholera morbus. They all stated to me that they had eaten freely of the cheese which had produced the sickness in the N. family. I learned that the whole number who had been thus affected, was at least sixteen. One man who had no belief that the cheese was poisonous, eat a large piece of it in bravado, and paid dearly for his folly. He was attacked with violent and excruciating colic, which continued several hours. A dog, which eat freely of some of this cheese, which Mr. Wells, a pupil of mine, was macerating in water for experimenting, was taken violently sick and vomited a long while. Soon after these cases occurred, I sent the following notice to the editor of the Franklin Mercury, which was published in his paper of July 14, 1835. About sixteen persons were seriously affected in Deerfield, with violent pain and inflammation in the stomach and bowels, on the evening of the 7th inst., in consequence, it is believed, of eating new cheese, purchased from a farmer from Guildford, Vermont. Soon after eating it the patients were violently affected with pain and sickness at the stomach, with great distention of that organ and of the bowels, with obstinate vomiting, and in one or two instances with symptoms resembling cholera morbus. None of the cases terminated fatally, although some of the patients were seriously sick and have not yet recovered.

It ought to be generally known, that owing to the sophistication or adulteration of arnotto (or, as it is usually called, otter), which is used for the purpose of giving a high and rich color to the cheese, many people have been heretofore poisoned by eating it. A few years since, it is understood, a family in a neighboring town was poisoned by eating new cheese, highly colored by this substance. Many other instances of a similar nature are on record. Genuine arnotto is a vegetable extract, and harmless, but as it is somewhat expensive, it is often adulterated with *red lead*, which costs less, and when thus adulterated and applied to butter and cheese, it renders them a deadly poison. Arnotto should never be used about butter and cheese. It merely heightens the color of these articles, without improving the quality, and in many instances it renders them pernicious poisons. In proof of this, I send you the following statement from Accum on Culinary Poisons, a work of standard merit.

“*Poisonous Cheese.*—Several instances have come under my notice in which Gloucester cheese has been contaminated with red lead, and has produced serious consequences on being taken into the stomach. In one poisonous sample which it fell to my lot to investigate, the evil had been caused by the sophistication of the arnotto employed for coloring cheese. This substance was found to contain a portion of red lead, a method of sophistication which has been confirmed by the following fact, communicated to the public by Mr. J. W. Wright, of Cambridge (*Repository of Arts*, vol. 8).

“As a striking example of the extent to which adulterated articles of food may be unconsciously diffused, and of the consequent difficulty of detecting the real fabricators of them, it may not be uninteresting to relate to your readers the various steps by which the fraud of a poisonous adulteration of cheese was traced to its source.

“In the instance now alluded to, and probably in all other cases, the deleterious mixture may be caused ignorantly, by the adulteration of the arnotto employed for coloring the cheese. This substance, in the instance I shall relate, was found to contain a portion of red lead; a species of adulteration which subsequent experiments have shown to be by no means uncommon. I shall relate the circumstance which gave rise to the detection. A gentleman who had occasion to reside for some time in a city in the west of England, was one night seized with a distressing but indescribable pain in the region of the abdomen and of the stomach, accompanied by a feeling of tension, which occasioned much restlessness, anxiety and repugnance to food. He began to apprehend the access of an inflammatory disorder; but in twenty-four hours the symptoms entirely subsided. In four days afterwards he experienced an attack precisely similar; and he then recollected, that having, on both occasions, arrived from the country late in the evening, he had ordered a plate of toasted Gloucester cheese, of which he had partaken heartily; a dish, when at home, regularly served him for supper. He attributed his illness to the cheese. The circumstance was mentioned to the mistress of the inn, who expressed great surprise, as the cheese in question was not purchased from a country dealer, but from a highly respectable shop in London. He therefore ascribed the before-mentioned effects to some peculiarity in his constitution. A few days afterwards he partook



of the same cheese ; and he had scarcely retired to rest, when a most violent colic seized him, which lasted the whole night and a part of the ensuing day. The cook was now directed henceforth not to serve up any more toasted cheese, and he never again experienced these distressing symptoms. Whilst this matter was a subject of conversation in the house, a servant maid mentioned that a kiuten had been violently sick after having eaten the rind cut off from the cheese prepared for the gentleman's supper. The landlady, in consequence of this statement, ordered the cheese to be examined by a chemist in the vicinity, who returned for answer, that the cheese was contaminated with lead ! So unexpected an answer arrested general attention, and more particularly as the suspected cheese had been served up for several other customers.

" Application was therefore made by the London dealer to the farmer who manufactured the cheese. He declared that he had bought the arnotto of a mercantile traveller, who had supplied him and his neighbors for years with that commodity, without giving occasion for a single complaint. On subsequent inquiries, through a circuitous channel, on the part of the manufacturer of the cheese, it was found that as the supplies of the arnotto had been defective and of inferior quality, recourse had been had to the expedient of coloring the commodity with vermilion. Even this admixture could not be considered deleterious. But on further application being made to the druggist who sold the article, the answer was, that the vermilion had been mixed with a portion of red lead ; and the deception was held to be perfectly innocent, as frequently practised on the supposition that the vermilion would be used only as a pigment for house painting. Thus the druggist sold his vermilion in the regular way of trade, adulterated with red lead to increase his profit, without any suspicion of the use to which it would be applied ; and the purchaser who adulterated the arnotto, presuming that the vermilion was genuine, had no hesitation in heightening the color of his spurious arnotto with so harmless an adjunct. Thus through the circuitous and diversified operations of commerce, a portion of deadly poison may find admission into the necessaries of life, in a way which can attach no criminality to the parties through whose hands it has necessarily passed."

*Test.*—I procured a quantity of the cheese which was eaten from by the N. family, and subjected it to the following experiment. The cheese was covered with a thick yellow coat, and the whole body of it was of a yellow color.

1. I macerated a quantity of it in warm water for three or four days, and added to the macerated solution a few drops of sulphuretted hydrogen, which is one of the most delicate tests of lead yet discovered, as it will detect the minutest portion of it. The macerated cheese was immediately blackened by it, showing incontestibly the presence of lead in the cheese, and probably in sufficient quantity to induce the symptoms enumerated above in my patients.

2. Upon applying a few drops of nitric acid upon the macerated cheese, which had been blackened by the sulphuretted hydrogen, it removed the black color, and restored it to its original color. This is considered by Dr. Lamb a further proof of the presence of lead.

*Deerfield, Mass. Aug. 17, 1835.*

## HISTORY OF THE SMALLPOX IN STOW, MASS.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—Abigail Allen, 17 years of age, has spent rather more than two years in a papermill, and has for many months been subject to sick headache. On Saturday, May 2d, she had what she thought a common sick headache—but on Sunday she found herself no better, “but rather grew worse.” Nausea, pain in back and loins, little or no appetite, chills imperfectly marked, or but little notice taken of them. Monday, May 4, no better. Dr. N. was called. I know not what he gave her, but the eruption began to appear on Monday or Tuesday, and he called the disease “eruptive fever”—a diagnosis, which, I presume, no one will call in question. On Wednesday, her friends took her home, being assured by Dr. N. that there was no danger from contagion. She was particularly guarded against any cool air—her drinks, &c. given warm, and her face bathed in warm milk and water.

I saw her, for the first time, on Sunday, May 10. Her face swollen to nearly twice its natural size, and covered with pustules the size of large half peas—the peculiar odor, deep red skin, swollen throat, and dyspnoea, declared, most emphatically, the nature of the disease. Her throat and tongue were so swollen and painful as to prevent her from protruding the latter, but there appeared some brownish fur upon it. Ptyalism had been rather urgent; respiration very laborious, especially at times; articulation very difficult. Has had very little rest for the last 48 hours; pulse 84; no dejection during the last four or five days; pustules full, distinct, yellowish white, with no perceptible areolæ around them; so numerous on the face, as to cover nearly 1-3 of the surface, but much less numerous on other parts of the body.

Wednesday, May 13, 9th day of the eruption, pustules were becoming nearly confluent on some parts of the face; some turning more yellow; cupped; some suppurating and forming large irregular scabs; on the nose and forehead is one particularly large, and from two to four lines in thickness. During the latter part of the week, the scabs began to come off; some of the pustules suppurated and some flattened, and a few on the lower extremities turned purple. Swelling of face and eyelids such as to preclude light from the eyes; yet her tongue was cleaning, pulse softening, strength recruiting, and nights becoming more quiet.

In the course of the following week, commencing May 17, the pustules had all flattened, or turned into scabs, and most of these were detached, those on the face always taking precedence; swelling subsided, eyes were opened, appetite returned. She walked out, was well, and discharged.

On Friday afternoon, May 8, her mother took charge of her, as nurse. Neither of them had ever been vaccinated. Monday afternoon, three days after exposure, I vaccinated the mother; and on Wednesday following, inoculated her from the arm of her daughter—this was the 9th day of the eruption. In making up my mind to do this, I was kindly assisted by the advice of two other very respectable physicians present, who thought the vaccine virus, inserted three days after exposure to the smallpox, would hardly be a sure protection against that disease, but that in-

oculation would very considerably modify it, allowing it had already been communicated to her. Both the vaccine and smallpox virus succeeded in producing each its appropriate sore on the arm. The constitutional symptoms were lassitude, loss of appetite, costiveness, some pain in head and back, and great mental depression. Eruption took place on the fourth and fifth days after inoculation, and the pustules were precisely similar to those of the daughter, though not one-tenth the number, producing the same odor, but going through the processes of suppuration, scabbing and desiccation in a much shorter time; so that, two or three weeks afterward, when the disks (which, from their resemblance to parsnip seeds, have obtained the latter name), were detached from the base of each pustule of the daughter, they were also afforded by each pustule of the mother. After they were detached, a deep redness remained on the surfaces they had occupied on the face of the daughter, which is gradually fading, and leaving large cicatrices and depressions, or pits—though the redness is still very considerable, and perhaps will be so for many months to come.

The treatment consisted in allowing a free circulation of air, mild cathartics, refrigerants, diluents, mineral and vegetable acids, and tonics; diet and regimen, very light and cool.

In the above remarks, nothing new or curious meets the eye; but I have been induced to communicate it to you, more on account of the misrepresentations that have gone abroad, than for any other reason. You are at liberty, therefore, to make what use of it you please.

Yours, &c.

HERMON CHANDLER.

*Stow, July 21st, 1835.*

MEDICAL COLLEGE OF OHIO.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—In the 25th No. of Vol. XII. of your Journal, I find a short reference to the doings of the Western Medical Gazette. You say it “condemns the Medical College of Ohio, at a terrible rate, for its misdeeds—one of which is for granting a parchment to a book-binding dentist, &c.”

Now as this is but a partial view of the case, and as many may be led to think it a frivolous ground for complaint, I beg that you will correct it, by saying that we found fault with the College for bestowing upon an uneducated, unaspiring, and obscure man, the highest honor of the institution—that of an HONORARY degree, and for purposes which you will readily comprehend.

This was not all. Ohio, in her liberal spirit, had built and amply endowed a Medical College, that her sons might have easy access to medical instruction of a high order. But instead of the proud success which was reasonably anticipated, and the high standard of professional attainment which its faculty should have ever inculcated, both by precept and example, it graduates, at the very moment the pestilence of Thomsonian quackery is sweeping over the land—a devotee of this nefarious system—a STEAM DOCTOR!

Being a native of Ohio, I felt desirous that her institutions should be characterized for nobleness of purpose—but more especially that her standard of medical education should be worthy of her, and that her graduates, at least, should be men of merit, and possess a proper estimate of their high calling and responsibilities, and therefore thought it my duty, as the conductor of the *Gazette*, to expose some of the abuses in her Medical School.

The physicians of the State, 138 in number, being anxious for a radical change in its organization, made an effort to that effect—but its Board of Trustees have thought proper to place it in a worse condition than before. The consequence is that a new school has been established in this city, under the auspices of the Cincinnati College.

The Faculty is a strong one—all of its members being men of talents, and “devoted to the glory of their profession.” Dr. Drake’s talents as a teacher are not surpassed anywhere, and having spent his whole life in the West, he has become a favorite with the great body of its physicians, and holds an influence among them, such as no other teacher has been able to obtain. You see, then, that in all probability Cincinnati will yet be able to give to the West a great medical school.

Your obedient servant,

S. REED.

*Cincinnati, August 11th, 1835.*

#### CASE OF TWINS OF DIFFERENT COLORS.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—A perusal of the “Case of Twins, one of which presented the color and form of a mulatto,” contained in your *Journal* of August 19th, forcibly reminded me of a similar case in a black family, whom I first knew about 1812 or 13. These twins were females, and 8 or 10 years old when I first saw them, and were known by the name of the black and white twins. From this time I lost sight of them till 1816, at which time being a student in medicine at no great distance from their residence, I called on the family, and was more forcibly struck than formerly with the dissimilarity of these children—the one a woolly-headed negress, black as jet, and in these respects resembling both parents, but in the form of the face and head bearing a close resemblance to the father—the other a light olive mulatto, with straight dark though not black hair, hazel eyes, exhibiting much less of the negro in the general contour of her person than ordinary mulattoes. Upon inquiry of the father, I learnt that his jealousy was excited upon the first sight of the white child, which (to use his own expression) he saw was “no nigger.” His wife, however, withheld all information upon the subject for some time, but subsequently confessed that about nine months previous to the birth of these children, she had a connection with a white man, whom he and the mother believed to be the father of the white child. He did not doubt the legitimacy of the black child, nor indeed would any one who observed the close family resemblance between her and the father. There were several other children in this family, some older and some younger than the twins, all of them very black.

The above case is probably not the one alluded to in your note, as this occurred in a neighboring State.

Most respectfully yours, VINCENT HOLCOMBE, M.D.  
*W. Granville, Mass. Aug. 22, 1835.*

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#### CURE OF RINGWORM.

MR. EDITOR,—I saw in your Journal a few weeks since, an inquiry concerning the method of cure in ringworm. I like such inquiries. Replies to them have a tendency to relieve humanity of a thousand ills to which she is liable. I have been in the habit of treating ringworm with an ointment of *Oleum Ricini*, aromatized with bergamot, oil of oranges, or oil of lemons. My success has been so great with it that I almost consider it a specific.

W. W.

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### BOSTON MEDICAL AND SURGICAL JOURNAL

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BOSTON, SEPTEMBER 2, 1835.

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#### YELLOW FEVER.

In this day's Journal, the reader will find a valuable paper from Dr. Osgood, an eminent practitioner of Havana, in the Island of Cuba, favorably known to all Americans who have been invalids at that place, as well as several valuable papers from other attentive correspondents. Other interesting matter has necessarily been excluded from this number, in order to give Dr. Osgood's article insertion. Those of our correspondents whose favors have been already a considerable time on file, are by no means out of mind—and as soon as it is possible, we shall publish the whole in the order they have been received.

Our next number will be enriched with Dr. Parsons's Prize Dissertation, and will accordingly be a double one. It will be issued a fortnight from to-day, and will also contain the Title page and Index of Vol. XII.

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#### HORSE-LEECH IN THE STOMACH.

A BOY, under the care of Dr. Elliotson, having had a headache and confined bowels, took a dose of jalap, which produced nausea, and finally brought off a live horse-leech in a very active state. It was of a small size, and did not appear to have been troublesome in the stomach. Instances are numerous in which they have become quite large, when lodged in that organ. It was supposed this had been swallowed two years before, probably while the lad was bathing. In this, as well as very many cases, the fact is substantiated that the gastric fluid has no sort of action on the living fibre. Reptiles, some of a most loathsome form and character, have been tenants of the human stomach a long time, in spite of drastic purges or active emetics; but so far from being incommoded by being immersed in this universal solvent, which, were they dead, would digest their bodies in three hours, they give every possible demonstration of having been quietly and agreeably lodged.

## NATURAL CONNECTION OF TWINS SUCCESSFULLY DISSEVERED.

AN interesting case of this kind, which occurred in November, 1833, is related in the *Western Medical and Surgical Journal*, by Dr. Little, of Otsego county, N. Y. The body of but one child, however, was perfect, being double only below the sternum—the redundant part constituting a perfectly formed pelvis and lower limbs, with the male organs of generation, and as large in all their dimensions as the corresponding parts of the child. The connecting medium was two inches long, two and a half wide, and one and a half thick, and a little above its centre, extending through it an inch and a half from the child, was a hard substance, apparently a prolongation of the ensiform cartilage. The pulsation of an artery could also be felt. The limbs of the parasite had no muscular motion, and were crossed upon each other, though the sense of feeling existed in them as perfectly as in the other limbs. There was no trace of the anus; urine, in small quantities, was discharged once in two or three days. These parts exhibited every indication of being amply nourished. They were moveable on the connecting medium, and could be turned one quarter round without difficulty; but when the rotation was carried further, the child cried from pain.

At the request of the parents, the separation was made when the child was six weeks old, at about three fourths of an inch from the body. The hard substance referred to was found to be cartilaginous, of an exceedingly fine texture, approaching to ossification. Immediately below the cartilage was a sheath, containing an artery, vein and nerve, of considerable size. The two former were tied separately and divided, as well as several other small vessels, which bled smartly. The child was very faint, and much exhausted after the operation, which lasted a quarter of an hour. In a few hours it revived, and passed the night comfortably. The parts removed weighed two pounds six ounces. The substance divided consisted of the common integument—a thin layer of very vascular cellular membrane—the cartilage before mentioned—and a portion of fleshy substance, in which muscular fibres could be traced. On the third day adhesion had taken place to some extent, and the wound seemed to be doing well. From this time recovery was rapid, without a single bad symptom, and the child is now in health and free from deformity.

Dr. Little mentions that the mother of this child became much interested in the story of the Siamese twins when in the seventh month of her pregnancy; she went on one occasion to the county town to see them, but was disappointed. The subject continued to occupy her thoughts, in spite of her efforts to banish it, for a long time.

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THE UXBRIDGE SOMNAMBULIST.

FROM the repeated notices which, as journalists of medical science, we have given of new and before unheard-of varieties of somnambulism, which more than realized the anticipations of the sage but deluded advocates of animal magnetism, the profession may begin to suspect the disease is becoming infectious. The last marvellous case of the kind which has excited the astonishment of the public, is that of a young woman of Uxbridge, Mass. whose wonder-working fidgetings have been trumpeted through the columns of a country paper. Our correspondence with a highly reputable physician in the neighborhood, a gentleman of careful observation, whose opinion is entitled to perfect respect, emboldens us to

say that the Uxbridge somnambulist is playing off a miserably devised imposition. How many are aiding and abetting her in the scheme, we have no means of knowing. When such men as Dr. Belden of Springfield, Dr. Colby of Stanstead, or Dr. Willard of Uxbridge, certify to the correctness of the statements which have been circulated, the public may fully rely upon the truth of them.

*Lectures on Comparative Anatomy.*—So perfectly convinced are the learned, of the gross iniquity of the late Sir Everard Home, in pilfering from the manuscripts of Mr. Hunter, that since the publication of Mr. Clift's evidence before the committee of the House of Commons, his great work in *six quarto volumes on Comparative Anatomy*, by which he hoped to transmit a claim to the admiration of posterity, has fallen in price from *eighteen to eight guineas*, and the bookseller's advertisement contains the following curious paragraph, which is enough to ruin the fame of the once supposed author, for all future time—"According to Mr. Clift's evidence before the committee of the House of Commons, this work contains the substance and only remains of the unpublished writings of the celebrated John Hunter." An active inquiry is going on, which may detect more villainies of Sir Everard's than have yet been developed.

*Liquor Potassæ in Cholera.*—Mr. George, a medical practitioner in Kensington, Eng. administers the liquor potassæ in cholera in the following form :—

R. Liq. Potass. 3j.; Conf. Opiat. 3ss.; Tinct. Card. c. 3ij.; Aq. puræ, 3jss. suf. Mist. cap. dim. stat. et post horam unam repet.

*Removal of the Astragalus.*—Our correspondent, W. Gillespie, M.D. of Ellisville, Va. who detailed for the Journal a case of removal of the astragalus in the spring of 1833, informs us that he has recently seen the patient, and that she can walk with ease by the assistance of a crutch or cane.

*Sulphate of Copper in Croup.*—Dr. Serlo, of Crossen, has made use of the sulphate of copper with considerable success in many cases of what he considers as true croup, and which undoubtedly closely resembled this formidable disease. The children were between one and three years old, and took from twenty to thirty powders, of a quarter of a grain each, before the cough gave way; a quarter of a grain was administered every two hours as long as the cough continued dry and hoarse, and the remedy was only discontinued when all symptoms had subsided.

**DIED**—In New London, Ct. 18th Aug. Foster Swift, aged 75, a Port Surgeon in the U. S. Army. Early in life he had been a surgeon in the U. S. Navy, on board the Portsmouth sloop of War, 1780, when captured by the Culloden 74, of Rodney's Fleet, and with the whole crew of the Portsmouth imprisoned a year in the harbor of St. Lucia, West Indies. Dr. S. was a native of Boston, and a son of Samuel Swift, Esq. a distinguished whig and martyr to the cause of freedom, while a prisoner in Boston, Anno 1775.—At Clifton, Eng. Wm. Hall Gilby, M.D. —At Boris, Ireland, county Carlow, John Wilcox, surg. of the Boris Dispensary.

Whole number of deaths in Boston for the week ending August 29, 45. Males, 28—Females, 17. Of smallpox, 1—measles, 2—teething, 2—dropsy on the brain, 3—canker the bowels, 2—scrofula, 1—consumption, 5—cholera infantum, 2—dysentery, 5—marasmus, 1—infantile, 3—cholera morbus, 2—old age, 1—croup, 2—intemperance, 1—mortification, 1—fever, 1—cancer, 2—phthisis, 1—hooping cough, 2—scarlet fever, 1—dropsy, 1—inflammation of the bowels, 1.

### MEDICAL INSTITUTION OF YALE COLLEGE.

THE annual Course of Lectures in this Institution will commence on Thursday, Nov. 5, 1835, and will continue seventeen weeks. There are at least five lectures daily throughout the term, and a part of the time six. The several branches are taught as follows, viz.:

Principles and Practice of Surgery, by THOMAS HUBBARD, M.D.  
Theory and Practice of Medicine, by ELI IVES, M.D.  
Chemistry and Pharmacy, by B. SILLIMAN, M.D.  
Materia Medica and Therapeutics, by WILLIAM TULLY, M.D.  
Anatomy and Physiology, by J. KNIGHT, M.D.  
Obstetrics, by TIMOTHY P. BEERS, M.D.

The fee for each of the first five branches is \$12.50, and for the last \$6.00; which, together with a matriculation fee of \$5.00 and a contingent bill of \$2.50, are to be paid in advance. The graduation fee is \$15.

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Boston, June 12, 1835.

June 24—tN1.

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Boston, February 4, 1835.

ep1f.

JOHN S. BARTLETT, M.D. M.M.S.S., late of Marblehead, has removed to this city, and may be found at the house of Thomas Murphy, Esq. No. 22 Atkinson Street.

Boston, August 12, 1835.

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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WEDNESDAY, SEPTEMBER 16, 1835.

[NOS. 5 & 6.]

## A DISSERTATION ON CANCER,

WHICH OBTAINED THE BOYLSTON PRIZE FOR THE PRESENT YEAR.

BY USHER PARSONS, M.D. OF PROVIDENCE, R. I.

*“What are the diagnostic Marks of Cancer of the Breast; and is this disease curable?”*

THE term *cancer*, derived from the Latin language, is synonymous with *carcinoma*, derived from the Greek, and originated in a fancied resemblance of certain tumors to the animal whose name they bear.

There is an evident propriety in specifying cancer of the breast in the question here proposed; for the disease, in its ravages upon this organ, extends to almost every variety of structure which can modify its character, is accessible to inspection and local treatment, and occurs more frequently than elsewhere.

Whether all the diseases at present included under the term cancer should continue to receive that appellation, some might be inclined to doubt. They are so numerous and so different in aspect, that it is almost impossible to say any one thing that will apply to all without exception. They present tumors, ulcers, excavations, excrescences, indurations and *ramollisments*. The tumors vary from the hardness of cartilage to the consistence of jelly; the ulcers furnish sometimes an abundant suppuration, varying in color and consistence—at other times they are dry, and some of them are covered with a hard grey crust, that reproduces itself as often as it is removed; sometimes they are surrounded with varicose veins, that bleed frequently, at others they are wanting; the excrescences present equally varied aspects, and the sufferings of the patient are of every grade.

But however varied cancerous affections are in the foregoing particulars, their progress and termination are nearly the same in all. They all tend to invade and destroy surrounding parts. Whatever be the nature of the texture in which they are located, they seem to feed upon it like a parasitic animal, growing and thriving upon another. This is so striking a characteristic of cancer, that in early times it was compared to a ferocious animal, which led some of the ancients to carry the idea so far as to attempt to feed it daily with fresh slices of viands, in hopes of thus satiating its voracious appetite. All the varieties of cancer, though they remain stationary for a time, will ultimately augment, every change in their state being invariably for the worse. Irritating substances, general or local, aggravate them alike, and if extirpated there is always

danger that they will reappear. Finally, they alike tend to produce constitutional derangements of a similar nature—a sort of cancerous cachexy, marked by emaciation, hectic fever, and a peculiar tint of the skin.

If we turn our attention from the exterior survey of cancerous affections to their interior structure, they will be found to present a variety of appearance and consistence. Multiplied dissections have, however, enabled pathologists to analyze and reduce cancerous substance to a certain number of diseased tissues, each having a structure peculiar to itself, and which always presents the same characters, in whatever part of the body they may be situated. These tissues are sometimes isolated, at others variously combined, two or three or even four of them being in the same tumor. Every cancer, with the exception of certain chancrous ulcers, which do not repose (in their early period at least) on a cancerous tissue, is constituted by the development and evolution of “two accidental tissues, that are different from any normal tissue,” viz. the scirrhous and encephaloid—names derived from *skirros* (hard) and *encephalon-eidos* (brain-like). One or the other of these, and sometimes both together, are always found in cancerous tumors. There are other morbid tissues occasionally met with in such tumors, as the fibrous, the melanose, the tubercular, the cartilaginous, and the fibro-cartilaginous, one or more of them. But these latter do not of themselves constitute cancer, one or all of them; they may therefore be termed incidental tissues, whilst the scirrhous and encephaloid kind, from the invariable presence of one or both of them, may be termed essential tissues of cancer. These, therefore, are deserving of more particular notice.

The *encephaloid* matter of cancer may exist in three different forms—in cysts, in masses without cysts, or infiltrated into the substance of the organ. These forms are more distinct and observable in the crude or early stage, but in a subsequent stage, or that of complete development, and before their *ramolliment*, they all assume a similar appearance. The encephaloid matter is then homogeneous, resembling the medullary substance of the brain, and presents here and there a slight rosy tint. Cut in thin slices, it is semi-transparent; but in masses, it is opaque. Its consistence is that of an infant brain a little softened.

The encephaloid matter is inclosed in cells, made up of a delicate tissue, resembling the pia mater—is, like it, very vascular; and the tunics of its vessels are so extremely tender, as to be easily ruptured, causing extravasation and accumulations of coagula. A new and curious fact stated by M. Bérard in the *Repertoire Generale des Sciences Medicales*, of February, 1834, is, that he has ascertained by experiment that these vessels are exclusively *arterial*. There are other and larger vessels surrounding the tumor, both arteries and veins, and the encephaloid matter often penetrates these veins and obstructs them.

But the encephaloid matter remains not long of the consistence now described—it tends constantly to mollify, until it finally resembles thick pus, but still retaining its color. In this stage, more than any other, the slender vessels are ruptured, and cause numerous extravasations of blood, which, instead of forming a coagulum, is blended with the puriform mat-

ter, giving it a reddish or brownish color, so that it resembles thick chocolate; excepting some portions of the tumor which remain exempt from bloody infiltration, and serve to show what was its former appearance.

The encephaloid tissue is more frequently met with in the uterus and testis, than in other organs; is also found in cancer of the liver and stomach. It appears also in cancer of the breast, particularly when the disease recurs after an operation.

The other essential tissue of cancer, viz. *scirrhus*, when fully developed, consists generally of a firm, hard, rugged, incompressible and knobbed mass, the limits of which are not well defined. It grates under the knife like the substance of the uterus, presents a bluish or greyish white color, and when cut in thin slices is semi-transparent. At first glance it might be easily mistaken for a fibro-cartilaginous tumor; but a closer examination shows that it is composed of two distinct substances, the one fibrous, hard and organized, the other soft and inorganized. The former composes the chief part of the diseased mass, and consists of septa, which are opaque, of a paler color than the soft part, varying in their volume and direction, and forming unequal cavities or cells, which contain the soft part. The latter is of a bluish color, and of the consistence of softened glue or even of cream. "The fibrous structure seems to be the cellular or proper tissue of the part, in a state of induration and hypertrophy," whilst the softer portion contained in its meshes or cells, appears to be merely a morbid secretion, poured out by the vessels nourishing the organized fibrous tissue. In this view of it, the organized part results from an altered state of nutrition in the tumor, and the soft or inorganized portion, or accidental tissue, as the French term it, is the result of a morbid secretion. In all cases, the fibrous mass is both most conspicuous and abundant, and is condensed in its centre into a hard nucleus, whence seem to radiate the numerous septa in every direction. In the centre of the nucleus there is often a little cyst containing a limpid fluid of very acrid nature. In some rare instances, portions of the scirrhus mass resemble cartilage, in parts of which osseous or calcareous depositions are occasionally found.

It is probable that several of the tumors, as the mammary and perhaps pancreatic, described by Mr. Abernethy, consist of varied proportions of the two essential tissues of cancer, modified by local irritation, temperament, &c. But such tumors, I may here remark, glide so insensibly into each other, and correspond so nearly in respect to their origin and progress, that little practical advantage results from his classification.

As the encephaloid tissue is more frequently met with in the uterus and other internal organs, so the scirrhus is most apt to predominate in external cancers, particularly in those of the breast—they are however often found united in cancerous tumors in all situations.

Cancerous tumors usually begin in a sound part, but in some rare instances, where a predisposition to the disease exists in the constitution, other tumors and ulcers degenerate into cancers. But more of this hereafter.

Thus far, the subject of cancer generally has been considered; but, as the female breast is its most frequent seat, many authors have taken can-

car of this organ as a type for its general description, and the question proposed by Harvard requires that our future remarks be confined to this locality of the disease.

The age most subject to cancer of the breast is from the fortieth to the fiftieth year. It very rarely appears before the age of twenty, sometimes between twenty and thirty, many times between thirty and forty, and rarely after the age of sixty. A table, drawn up by M. Recamier, will be given at the end of this treatise, which in respect to age, accords with the observations of all surgeons.

Persons most subject to the disease are antiquated maids, next those mothers who have not suckled their children, and least so those who have borne children and nursed them with their own milk.

The disease may be divided into three stages. 1. *Indolent scirrhus*; 2. *Painful scirrhus*, sometimes called *occult cancer*; and 3. *Ulcerated or open cancer*. Indolent scirrhus, then, differing as it does in its whole aspect, from open cancer, is, nevertheless, the germ or first stage of that disease. Some have contended, however, that it is a more local disease, is more yielding to discutients, and instead of always progressing to cancer, has in some rare instances terminated in gangrene, and in many others has remained stationary through life. Now in respect to their ever being resolved, we are not able to speak with confidence, because we have not the best evidence of such cases being truly scirrhus, I mean examination with the knife. We can only judge from their external appearance. To ground such an opinion upon the vaunting reports of charlatans, would be to admit that "they are all resolvable when their own specifics are employed," and that failures are attributable to error on the part of the patient, or their delayed application. But the number of cases of resolution, cited by eminent surgeons, is so extremely small, as not to be entitled to consideration as exceptions to the principle, that they are not resolvable by any known remedy (pressure excepted), general or local—but more of this hereafter.

That scirrhus may remain stationary for life, is far more probable. Life may be short, the tumor may appear at a late period of it, when morbid action is feeble, and such tumors no doubt vary in their tendency to painful cancer from constitutional peculiarities; these therefore should not be received as exceptions to the general principle that scirrhus is incipient cancer.

#### *Rise and progress of Cancer of the Breast.*

A woman in touching her breast feels a small induration, which is not natural, but which causes not the slightest inconvenience. Perhaps her attention has been first drawn to it, by a small stain upon her dress, opposite the orifice of the lactiferous tubes, which leads her to feel of the part. She can neither tell when the tumor commenced, nor assign any certain cause, though she may suspect some mechanical injury, as a blow against a chair or door, or the pressure of her dress. She may also refer it to an obstruction of the milk when nursing her last child. It remains indolent and insensible to pressure, and makes no impression upon her general health. The induration gradually increases in volume, and from being round, circumscribed, and rolling under the finger, its surface pre-

sents nodes and depressions, followed by adhesions to the surrounding cellular membrane, and to the skin, giving to it the appearance of being quilted to the tumor. After a time of uncertain length, the patient begins to feel a twinging, pungent, or darting pain in the tumor, occurring more towards evening and in the night. Still, however, it gives no pain to handle the part and even press it. If the catamenia have not ceased, she will experience an aggravation of pain in the breast about the time of their recurrence; at this period also, the tumor grows faster than at any other, and any external violence produces a sudden enlargement. Thus far the tumor is characterized by extreme hardness, by great weight compared with its volume, by a knobby feel, and by insensibility to the touch. These characterize the scirrhus state.

The pungent pain is the ushering in of the second or occult cancerous state, in which the progress of the disease is more rapid, the tumor increasing in volume from the size of a small nut, when first discovered, to from two to three inches in diameter, but it soon attains nearly its maximum size, and remains somewhat stationary, notwithstanding all other symptoms, and particularly pain, have augmented. Adhesions are formed to the subjacent parts—and the skin over it begins to pucker and to assume a violet tinge. The nipple, by the drawing of its tubes, gradually retreats within the surface of the breast. The darting pain, which added to the above-mentioned signs of scirrhus is one of the best pathognomonic symptoms, now interrupts sleep, and the patient's general health begins to suffer; with emaciation, loss of appetite, and dryness of the skin, which presents a pale yellow tinge. The axillary glands about this time become affected; but there is much uncertainty in respect to the time, for they often do not enlarge till after the second stage of cancer, and in some rare instances do not swell at all, although the cancer proves fatal. There is sometimes a solitary gland situated over the outer edge of the pectoral muscle, between the breast and axilla, and this, in such cases, is the first to enlarge. In a few instances, where the tumor is on the sternal side of the breast, the axillary glands escape and those about the clavicle suffer. Finally, the part of the skin most affected over the tumor gives way, forming a fissure, from which oozes a colored serum—and this completes the second or occult cancerous stage.

When the *third* stage or *open* cancer has begun, the borders of the fissure first opened are gradually thickened, indurated, and everted, and wear a pale bluish color. The surface of the ulcer is soon covered with pale-red vegetations, which furnish an ichorous or sanious suppuration, more or less abundant, and often very fetid. Its peculiar odor serves as a diagnostic symptom. The surface of the sore feels hard, like the original tumor, and, like that, is wanting in sensibility to pressure, as the patient can wipe it and handle it without experiencing the least pain. The lancinating pain, before spoken of, varies to an acute smarting, or burning, or insupportable itching, that nothing can calm. The hideous ulcer enlarges in every direction, consuming indiscriminately the adjacent substances, sparing neither veins nor arteries, and causing frequent hemorrhages, which, while they temporarily mitigate the patient's sufferings, hasten exhaustion of her strength. Whilst one part of the sore is

sloughing, another is projecting forth luxuriant vegetations, that stretch one after another over the borders of the ulcer, like the leaves of a double rose over its calyx.

The cancerous *cachexy* is now more strongly marked; the flesh is emaciated and flabby, and the arm swells; sometimes also the lower limb becomes œdematous. The patient is often tormented with a burning sensation behind the sternum, with severe cough and rheumatic pains; she loathes food; has obstinate costiveness alternated with colliquative diarrhœa, and finally sinks under hectic and torturing pains.

Such is the ordinary course of the disease when it proceeds unmolested to its natural termination, or is unsuccessfully treated. But the varieties it presents are innumerable, a few of which deserve notice. The scirrhus which precedes cancer is sometimes void of protuberances or inequalities, and presents a smooth surface like an encysted or fibrous tumor. Instead of being always single, it is in some cases composed of many tumors, united or separated. The adhesion to the skin and subjacent muscles alluded to, does not always take place until ulceration is about commencing. Its degree of hardness varies, and with this also the rapidity of its progress—the hardest kind being most indolent, and the first cancer is harder and slower in its progress, than one that returns after extirpation. Injuries and irritations, and disturbed menstruation, hasten its progress, but it sometimes takes a sudden start without any assignable cause. In aged people, however, they may continue nearly stationary for many years. Hemorrhage is a common occurrence, but in some cases cancers will run their whole course and destroy the patient without loss of blood. The blood may issue from an opened vessel, or be exhaled from the surface of the ulcer, or from the interior of the morbid structure.

Cancer is so constantly fatal, that to speak of its *prognosis* when left to itself or impotently treated, is to speak of the different manners in which death occurs, when no other disease sets in to abridge life. The exceptions are, a few rare cases which happen in very advanced life of scirrhus and even of ulcerated cancer, that advance so slowly as not to shorten the patient's days—or, what is more rare, gangrene may take place in a cancerous breast, as in other parts, and after the organ has sloughed out, the sore will cicatrize as if the organ had been extirpated with a knife. Here and there, too, we meet with detailed cases of the cicatrization of a cancerous ulcer, whilst the subjacent scirrhus mass remains undestroyed. If such cases are genuine cancer, they show that nature establishes no law in regard to disease, that she does not sometimes break. A multitude of accidents and complications may occur to hasten death, as pleurisy, hydrothorax, anasarca, or a putrid fever. Such being the case, a surgeon cannot be too circumspect in giving a prognosis.

*Post-mortem appearances* may be considered under the head of general and local. The former have already received some attention, under the head of pathology of cancerous diseases. At the termination of life, open cancer of the breast presents a mass of vegetations and excavations, covered with a fetid putrescence, in which scarcely a vestige of organi-

zation remains. This is therefore a less interesting period for examination, than when the cancer is extirpated in any of its stages during life.

Indolent scirrhus, when extirpated, is ordinarily round or ovoid—presents a knobby surface, and adheres more or less to the surrounding parts by cellular tissue. It may occupy the place of the mammary gland, or any other part of the breast. Cutting it into slices shows it to be formed in part, or entirely, of a greyish or bluish white substance, slightly translucent, and varying in consistence from that of lard to that of cartilage. This is the true scirrhus tissue. In the same tumor may be seen masses or minute portions of substance, softer than the preceding, whitish, opaque, divided into unequal lobules, and surrounded in every part by bloodvessels. This is the encephaloid tissue. To these two essential tissues are sometimes added others that are incidental, as cartilage, fibrocartilage and melanose. In the midst of all, may be seen portions of the mammary gland—sometimes sound, although surrounded by degenerations, at others partly transformed into the scirrhus or encephaloid tissues.

Painful scirrhus or occult cancer, when extirpated, presents the same essential tissues, but softer. The scirrhus will be here and there penetrated by a whey or cream like matter that may be pressed out in large drops, and the encephaloid may present some little effusions of blood. In some places it will be soft. It adheres to the skin, and perhaps to the subjacent muscle; and the surface is more knobbed than in the indolent state.

Cancerous ulcer, when extirpated, evolves a less fetid odor, previous to its becoming putrid, than it did before extirpation; which shows that the peculiar fetor of cancer is an exhalation from the living surface. Below the surface, to the depth of a line or two, is a stratum of flesh of the same color as the ulcer. Cutting deeper, we discover the essential tissues of cancer, but more compounded with others, and they would not be readily recognized by one who has not studied them in their former states. The cancerous mass is no longer circumscribed to the breast, but extends to bone and muscle and all other neighboring textures indiscriminately.

The *general* post-mortem appearances are, a yellow tinge of the skin, a soft and flabby state of the muscles, and a fragility of the bones. Some French writers, who have had great experience in this disease, contend that it produces no such effect upon the bones. Their opinions would however be corrected by a visit to Guy's Hospital, where bones are preserved, that were fractured by merely a turning of the patients in bed, and two or three similar cases have occurred within my own observation. The lung under the cancer is inflamed and adheres to the pleura-costalis, and some serum is found in the cavity of the chest, and small tubercles are discoverable in the pleura. The liver, especially if the cancer be on the right side, is tuberculous. The uterus almost always presents cancerous tubercles. The glands of the axilla, and sometimes those about the clavicle, are enlarged and scirrhus. Sometimes the arm of the affected side is much swollen, and at others the whole side is in like manner affected.

The *cause* of cancer not being required in this treatise, and if it were, our knowledge of it, and especially of the *proximate cause*, amounting as it does to little or nothing, are sufficient apology for saying but little about it. In respect to its *remote* and *exciting causes*, it may be stated, that the foundation of the disease is laid in a *cancerous diathesis*, that may evolve cancer spontaneously, though oftentimes its appearance is preceded by some slight injury or irritation of the part. This has induced some to pronounce it a local disease. But it is not probable that any local irritation can assume a cancerous character, where such a constitutional diathesis does not exist; and yet, it may serve as a nidus, in which the disease will appear sooner than it would spontaneously, or without any such point of attraction—and it is not improbable that the diathesis may exist in some persons through life, but in whom, from the absence of such local irritation, or because the diathesis is feeble, it may not be evolved. In this and some other respects it resembles scrofula—a disease known to be constitutional. It is said, in opposition to this, that extirpation of cancer oftentimes effects a permanent cure, and that therefore the disease must be local. The same may be said of the amputation of a scrofulous limb. Besides, let it be remembered that cancer of the breast is evolved, chiefly between the fortieth and fiftieth year of age;—in other words, about the period of menstrual cessation. Now the lapse of time necessary for the development of cancer in the breast after its first appearance, together with the time taken up in healing the wound made by extirpation, is, in many cases no doubt, sufficient to carry the patient through the most susceptible period; the system has had time to recover from the constitutional disturbance, and the breasts are no longer irritated by sympathy with the uterus. It is this cancerous diathesis that so frequently causes a return of the disease in the cicatrix, even after a second or third extirpation, or to evolve it in some other organ, and perhaps in diverse organs, remote from each other, simultaneously.

The connection between a disturbance of the uterus at the cessation of the menses and a cancerous breast is so strenuously maintained by Sir Charles Bell in a late lecture, that I feel justified in making an extract from it. "Nature has established a reciprocal action between the uterus and mammæ, and though widely apart, they are intimately united by sympathy. Every change in the ovarian circulation has an influence upon the mammæ, from the first period of puberty to the final period of change—menstruation, conception, quickening, delivery—all have this influence—they all communicate pain and turgescence of the mammæ. At the turn of life, the irregularity of menstruation produces a most decided influence on the mammæ. It is this which lays the foundation of cancer."

"As there is a coincidence in time, so is there a considerable resemblance in the nature of the disease which fixes upon the ovaria and mammæ; the difference is chiefly in their position as internal or external parts. This is a very interesting inquiry, because it embraces an extensive view of practice. The scirrhusity, I say, and hydatid tumors which infest the mammæ, and are the forerunners of so many distressing cases



of ulcer and ill-conditioned sores, if they were seated in the ovaria, being internal, would smolder, and partake of a chronic state, that would hardly interfere with the term of life."

The cancerous diathesis is no doubt oftentimes hereditary, as appears from the great many instances where it has prevailed in particular families. This fact is now so generally understood, as to induce eminent surgeons to advise families, in which a case of cancerous breast appears, to guard the general health of females at the cancerous period of life.

Climate has some influence upon predisposition to cancer. Cold latitudes present cases more frequently, and of a more indomitable character, than tropical climates. The island of Madeira very rarely exhibits a case of it. [Johnson on cancer.]

It is to be regretted that a cancerous *diathesis* is not, like that of scrofula, manifested by some external signs. The disease occurs in every variety of constitution and temperament, and a tendency to it is not even suspected, till the scirrhus tumor appears. But it is not so when the disease has existed long enough to impair the constitution, and establish a cancerous *cachexy*. Here there is an evident depravation of the whole constitution, manifested by dejection of spirits, debility, emaciation, or yellowness, dryness, and waxen appearance, of the skin, and more or less general fever.

Depression of spirits and other debilitating causes are supposed to have some influence in predisposing the system to cancer, but this is rather a matter of conjecture.

Contagion was formerly supposed by some to exist in cancer, and was referred to as a cause of it. But the experiments of Bielt, Alibert, Dupuytren, Nooth and Nesbit upon animals, and by inoculation upon themselves, with the matter discharged from cancer, have decided that it is not contagious.

Has the virus or matter of cancer any specific quality or power of circulating itself in the same individual from one organ to another? Facts seem to support the negative. True, the axillary and clavicular glands sometimes become cancerous after the breast. I say sometimes, for it is generally admitted that such glands are often enlarged by sympathy, without being cancerous. But it is not necessary to suppose that even those which are really cancerous, are made so by any absorption of matter. It is a well-known law of vital action, that irritation and inflammation, either simple or specific, existing in any tissue, are propagated along that tissue, even to a distance, rather than to others, although nearer, that have a different vital endowment and different functions to perform. Witness inflammations in the urethra extending to the bladder and testes by the mucous membrane. In cancer, as in this case, it is not necessary to suppose the transmission of virus as a cause of the secondary affection. Moreover, in cancerous breast, the absorbent vessels themselves seem to become obstructed by the disease, and to appear like cords, which probably accounts for the difficulty, I might say impossibility, of lessening the absolute size of a truly scirrhus tumor by means of discutients; and it also accounts for the exuberant granulations of cancerous ulcer, the balance between the arteries and lymphatics being destroyed. That it is

not matter transmitted to the axillary glands, seems probable from the fact that in a kindred disease, the medullary sarcoma, absorbent glands are affected in an opposite direction to that of their current of circulation. Another fact in point is, that matter of cancer inserted under the cuticle, will not produce cancer in the glands to which absorbents of the part lead. From these considerations it is much more likely that the axillary glands are affected by continuous sympathy with the breast, and that having once enlarged and become irritated, they afford a suitable nidus or point of attraction, in which the cancerous diathesis of the system is kindled into disease, as it had previously been in the breast.

### *What are the diagnostic Marks of Cancer of the Breast?*

This is a question of the first moment, as a decision of it involves the propriety of a painful operation, upon the performance of which the preservation of life may depend.

The diagnostic marks of cancer may be divided into three classes—those relating, 1st, to the scirrhus stage; 2d, to the occult cancerous stage; and 3d, the open cancerous stage. The two first are of chief importance, since an open cancer, besides its obvious and unequivocal signs, is also distinguishable from other ulcers by its previous history; the only exceptions being a few rare cases where other ulcers assume the cancerous character. The two first stages of cancer are therefore chiefly entitled to consideration, and presenting as they do the form of tumors, it is other tumors only with which they can be confounded, and from which it is our object to distinguish them. Those tumors which simulate cancer are—

1. *Hard tumors of a cartilaginous, a fibrous, and fibro-cartilaginous structure.* These are noticed first, not from the frequency of their occurrence, especially in the breast, for they are very rare—but because they approach nearest in aspect to indolent scirrhus, so much so as to puzzle the most eminent surgeons to distinguish them. They are alike hard, indolent, and sometimes knobbed upon their surface, whilst to increase the difficulty, this last mark, though characteristic of true scirrhus, is not always present in it. Among the uncertain marks are the fact that this tumor is not peculiar to the cancerous period of life, and that it is less adherent to the mammary gland than scirrhus. But the knife is the only sure test to which they can be subjected, and it affords some satisfaction to be able to assure the patient after they have been unnecessarily extirpated, that she is in no danger of a relapse.

2. *Hydatid or Encysted Tumor.*—"This begins in a swelling which is unattended with pain, and which has the character rather of a chronic inflammation in a part of the breast, than as bearing a resemblance to a scirrhus; for it has neither its mobility, its hardness, nor its general circumscribed or distinct limits, but incorporates itself with the surrounding parts of the breast. The general health is unaltered even when the swelling becomes of the most formidable magnitude.

"As it increases, a change in the nature of the swelling is produced; at first it was uniformly solid, but is afterwards distinctly divided into a solid and fluid part; the latter fluctuating so as at once to inform the

surgeon of the existence of a fluid. If this part be punctured, a liquid having the usual appearance of serum, is discharged; the cyst sinks, but soon becomes distended, and the swelling continues to grow. At length the tumor acquires an enormous magnitude, and some of the largest swellings of this organ are of the hydatid kind. The absorbent glands, in the most aggravated form of this disease, are unaffected. It is more frequent in advanced age than in youth. When removed by operation it does not return."

"This disease wants the following marks of scirrhus, viz. excessive hardness, mobility, its circumscribed limits, and its small and stationary size, and it is not peculiar to the cancerous period of life. If mistaken in its early stage for scirrhus, and extirpated, there is no reason for regret, since it does not yield to discutients, and tends to grow to such a size as ultimately to require removal."

3. *Simple induration*.—This is of more frequent occurrence than all others beside. The most common kind is produced by disturbed menstruation. Sir Charles Bell says that the number of young women, from the age of sixteen to thirty-five, who have presented themselves in the hospital with lumps in the breast, is fully equal to those who have presented themselves at a later period of life with carcinoma; and he adds, "we have to trace an influence of the same kind in both, namely, irregular uterine action." This form of disease is described in Sir Astley Cooper's lectures under the name of "irritable tumor of the breast."

It is distinguishable from scirrho-cancer by its occurring early in life. The same tumor occurs however at the cessation of the menses, and then age is no test of its character. But it is distinguishable also from scirrhus by pain and sensibility to the touch, its redder color, its retaining more of its original structure, and being less indurated, also by the surrounding part being slightly inflamed—and lastly, by its yielding to depletion, general and local, to sedative applications, and to correction of the uterine derangement.

Under this class may also be included indurations from external violence, either sudden, as from a blow, or slight and often repeated, as pressure of the breast, and too often handling the organ. Also, indurations resulting from a suppurating acute inflammation.

4. *Herpetic Tumor*.—This arises from an irritation communicated to the centre of the breast, by an herpetic eruption upon the skin, around the nipple. It is apt to give an itching pungent sensation, which might possibly be mistaken for that of incipient occult cancer. The tumor is however sufficiently distinguishable by its evident cause and by its transitory nature.

5. *Scrofulous swellings* sometimes, though very rarely, appear in early life, or before the thirtieth year. They are attended by general marks of scrofula, and they yield to anti-scrofulous treatment.

6. *Rheumatic and gouty* constitutions are sometimes affected with tumors of the breast—but they are tender to the touch and painful, and exhibit other marks of acute inflammation.

*Pancreatic tumor* of Mr. Abernethy, the simple chronic tumor of Sir Astley Cooper. "This disease is not of a malignant nature, nor does it

produce any dangerous consequences. It attacks the young and apparently healthy, seldom beginning after the age of thirty years, and usually appearing from the age of puberty to that period. It is very superficial, growing rather upon the surface of the breast than its interior. At first it feels like one of the mammary lobes enlarged; and then, as if several were combined in one swelling. As it increases, it becomes in some degree lost in the substance of the breast. It has not the hardness of the scirrhus tumor, and is not accompanied with the loss of health of fungoid tumor," next to be mentioned. "It is an extremely moveable tumor. It is generally unaccompanied with pain, either in the part, or shoulder, or arm. It grows very gradually and slowly." It is therefore distinguishable from scirrhus-cancer by the youth of the patient, by its softness, its slow and gradual growth, its being more superficial, and wanting tubercles, &c. &c.

*Fungoid or medullary tumor*—or *Fungus hamatodes*.—This disease has been also called soft cancer, and being equally fatal in its tendency, and requiring the same treatment as scirrhus-cancer, it may be asked why it is here separated and classed among those tumors that we wish to distinguish from cancer of the breast. The answer is, because it differs in its early stage so much from scirrhus-cancer, that its admission among that class of tumors would throw our best diagnostic symptoms of scirrhus-cancer into confusion, and embarrass the young surgeon unnecessarily. For this reason I have given it a separate place.

"It occurs at all ages—is not so hard as the true scirrhus, but has more the feeling of chronic inflammation at its early stages; and as it increases, it becomes softer, yields to the impression of the finger, but immediately again fills, as the pressure is removed. After a few months, the skin becomes livid, and a distinct fluctuation may be felt that is contained in a cyst. The veins of the surrounding skin become extremely enlarged and varicose, and the surface assumes an inflammatory appearance, of a darker color than common inflammation." The cyst next ulcerates and discharges a fluid resembling bile, which is extremely nauseous to the smell.

It may therefore be distinguished from scirrhus-cancer by occurring at all ages, by being softer, by its gradual growth, by the enlarged veins surrounding it, by wanting the darting pains, puckering of the skin, retraction of the nipple, knobby feel, and enlarged absorbent glands, and lastly, by impaired health from the first attack.

The foregoing tumors include about all that can be mistaken for scirrhus-cancer. I have purposely omitted milk tumors, and wens, and also hypertrophy of the breast, wishing to simplify, by reducing the number as much as possible, and believing the latter tumors cannot be mistaken for cancer.

I will now recapitulate the diagnostic marks of scirrhus-cancer in connection with those of the foregoing tumors, in such a manner as will enable the surgeon to distinguish the one from the others.

1. *Hardness*.—This will serve to distinguish scirrhus-cancer from all of the other tumors, excepting the fibrous and cartilaginous, including the

osseous, to which the last is sometimes converted, and excepting also some chronic indurations.

2. *Insensibility to pressure.*—This will serve to distinguish scirrhus from simple induration, and from herpetic, rheumatic, and arthritic tumors. The frequent appearance of simple induration, compared with that of all others excepting scirrhus, makes its diagnostic symptoms more interesting to the practitioner than those of any other kind.

3. *Weight, in proportion to its size.*—This mark will exclude all other tumors excepting the fibrous and cartilaginous kind.

4. *Knobbed surface.*—This in a few cases of scirrhus in their first appearance is wanting, whilst on the other hand it is sometimes present in fibrous and cartilaginous tumors, and yet it is one of the best marks of scirrho-cancer.

5. *Circumscribed and stationary size.*—This will exclude all, excepting the fibrous and cartilaginous kind, and some rare cases of simple induration and scrofula, especially if it has existed more than a year.

6. *Unyielding nature to discutients and to antiphlogistic treatment, local or general.*—This will exclude all chronic indurations and most other tumors excepting the fibrous and cartilaginous, and the fungoid and pancreatic tumors. It is a valuable diagnostic, because it is brought to bear upon forty-nine fiftieths of the tumors that are not scirrho-cancerous.

7. *Darting or lancinating pains.*—These announce the approach of occult cancer, and exclude all other tumors, excepting perhaps the herpetic kind. It is a decisive diagnostic in almost all cases.

8. *Puckering of the skin* is equally decisive with the last mentioned.

9. *Drawing in of the nipple*, equally decisive of scirrho-cancer.

10. *Adhesions to surrounding parts*, to the skin, and to the muscles, whilst still void of sensibility to the touch. This excludes all the tumors simulating cancer, excepting the fungoid and pancreatic kinds, and perhaps the fibro-cartilaginous kind.

11. *Violet or bluish tint of the skin*, is decisive of cancer in all cases excepting the fungoid tumor.

12. *Swelling of the axillary or clavicular glands.*—This excludes all, excepting some rare cases of simple induration—but it does not always occur in cancer.

13. *Period of life.*—Cancer of the breast rarely appearing before the thirtieth or thirty-fifth year, mostly between the fortieth and fiftieth, and rarely after the sixtieth.

14. *Past history*, as respects exposure to the cause of other diseases that simulate cancer, and their effect at the time.

15. *Hereditary tendency* to the diseases that simulate cancer, or to cancer itself.

By thus comparing any suspicious tumor with others that simulate scirrho-cancer, the surgeon may, by the process of exclusion, decide its character with some degree of certainty, if it be a scirrhus, and with absolute certainty if the symptoms of occult cancer are present.

For example, although no one nor two marks of scirrho-cancer of the breast are sufficient to decide its character in the indolent state, yet several of them united, as hardness, knobbed surface, insensibility to pres-

sure and of more than a year's standing, will prove it to be a scirrhus in ninety-nine cases out of a hundred: And if in addition to the above it has resisted the known remedies for the other species of tumor—has darting lancinating pains, and the skin over it is puckered and nipple drawn in, there can be no mistake in calling it a cancer.

Tumors and ulcers that are only simulative of cancer, may, as before stated, assume its real character, in constitutions that possess a diathesis or predisposition. The local disease seems to be a more combustible portion of the system, in which the cancerous flame is ignited sooner than elsewhere, and before it has arrived at that degree of intensity which would cause it to break out spontaneously in a sound part. Dr. Monroe was so impressed with this idea, and with his unsuccessful operations, that he at last advised extirpation in cases only where cancer was evolved by some local disease, believing that these were the only cases in which the operation would succeed.

Cancerous ulcer may be distinguished from others by its hard and luxuriant vegetations, its suppurative matter, which is never that of healthy pus, and always evolves a peculiar odor—by its sloughings and excavations—by the eversion of its edges—by its affecting the absorbent glands—by its incurable nature—and by its past history. Among those that simulate it, are fistulous sores with hardened edges, and some phagedenic ulcers, that by appropriate local treatment, and improvement of the constitution, may be made to cicatrize.

### *Is Cancer of the Breast curable?*

I begin this part of the dissertation by stating distinctly that no medicine has been hitherto discovered, either of general or local application, or both combined, that can disperse a scirrhus-cancerous tumor, even in the incipient or scirrhus state, or that can correct and cure the cancerous habit, on which such tumor depends.

If this be true in respect to indolent scirrhus, as I shall make it appear, when considering the reputed antidotes and specifics that have been hitherto offered, the position is still more maintainable with respect to painful or occult cancer; for, besides the obstacles belonging to the previous state, there are the additional ones of augmented size, deeper rooted cancerous diathesis, and accelerated progress. So true is this, that it has become a maxim with all good surgeons, that the longer extirpation is delayed, other things being equal, the greater is the liability to a return of the disease. I know it has been said by the distinguished Mr. Pearson, seemingly in opposition to this, that "if the removal of the morbid part were equally complete in two patients, one of whom had been afflicted seven months and the other seven years, he should esteem the latter patient in less danger of a relapse than the former." By this, however, he meant to imply, that the two cases show a difference in constitution and virulence of disease, by which its progress is more rapid and sure to a fatal termination in one than in the other, whether extirpated or not; and not, as some have inferred from his remarks, that delaying the operation in either case was advisable, as affording any security against a recurrence of the disease—for, seven years' delay would place almost

any cancer beyond the reach of any surgeon's knife. But to return from this digression, not only those who regard the disease as depending on a cancerous diathesis, that tends to increase up to a certain period of life, consider delay in the use of the knife dangerous, but those also who regard the disease as local, for Sir Everard Home, who is a localist, states that the longer the operation is delayed the more it contaminates the neighboring parts, and thereby defeats the operation, by lessening the chance of extirpating all that is affected. Be the disease, then, general or local, the tumor is unyielding both in its indolent and painful state, to any known medicine, topical or constitutional. It is however proper that I should notice some of the most extolled remedies, with the view of showing their utter inefficacy :—and first, of external remedies.

*Arsenical preparations.*—These may be regarded as operating, not by dispersing, but by destroying, in a manner somewhat analogous to the knife, and more properly belong under the head of extirpation or ablation. Under this class may be included all medicines that act in like manner, as caustics and actual cautery.

*Ferruginous preparations.*—Mr. Carmichael, of Dublin, held out encouragement to the profession that great benefit would result from their use ; but the cases he detailed were probably not cancer ; at any rate, there is no longer any value attached to them as anti-cancerous remedies, and they are used for cancer of the breast as sedative applications only, to palliate some of the painful symptoms of cancerous ulcer.

*Mercurial preparations*, particularly corrosive sublimate, were recommended by Andrew Wilson for cutaneous cancer, but his cases cited in proof of their efficacy were probably of a syphilitic character. All mercurial preparations to the surface of true scirrhus or cancer, are now considered injurious.

*Alkaline and acid substances* have been extolled at different periods, but their use is now rejected.

*Vegetable and animal substances* of various kinds have from time to time enjoyed a reputation as being anti-cancerous. Opium, cicuta, belladonna, digitalis, aconite, and other narcotics, have been serviceable as sedatives and palliatives in the painful state of cancer, but it is useless to add that neither these, nor gastric juice, bullock's blood, nor slices of flesh, which have at times been considered as sure remedies, are as such entitled to any confidence.

*Iodine*, from its known effect upon some chronic glandular engorgements, was looked to with sanguine hopes of benefit, the more so as its discutient power when long applied had caused atrophy of the testis and mammary gland itself. Mr. Ullman, a German physician, tried it in 1823, as he thought with decided benefit. M. Magendie it is said has used it with some success ; but a great many others who have tried it report differently. It is easy to conceive, however, of its exciting fallacious hopes ; for, as a powerful discutient, it might affect the inflamed cellular substance surrounding a cancerous tumor, and even the gland itself, and by reducing these, appear to lessen the whole tumor. It may also have entirely dispersed some tumors that simulated cancer ; but diligent inquiry

and some observation of its effects, have satisfied me that it has no influence upon a real scirrhus.

In respect to internal medicines, many of the above-mentioned topical ones have been administered without benefit, excepting as palliatives. Among these cicuta has enjoyed some reputation. Stork pronounced it an antidote to the disease. But De Haën assures us that of a hundred and twenty patients who tried it, according to the directions of Stork, not one was cured. Alibert reports a similar result upon nearly an equal number under his care, and this accords with the reported experience of most others. It appears useful in facilitating the dispersion of some other tumors, and may render cancer less painful, perhaps less rapid in its progress; but never cures it. The same may be said of belladonna, of aconite, of lauro cerassus, and some other vegetables of a similar character.

*Acetate of copper, white arsenic, arsenious acid, preparations of iron, muriate of barytes*, have each by turns risen and fallen in reputation. But no one pretends, at the present day, that either of them is anti-cancerous.

*Distilled water*, as a sole article of subsistence for many days, under the impression that it would starve out a cancer, was tried and recommended by Poteau of Lyons, and Lambe of London.

*Repeated small bleedings*, recommended by Valsalva and Fearon, was brought into notice probably by a trial of them in some indolent tumors that simulated cancer. At any rate, they are no longer in repute.\*

I have purposely omitted a long list of specifics, as they have been termed, because they are unworthy of notice. As if no absurdity could be too gross in the selection of remedies, I will observe that green lizards, swallowed fresh, have enjoyed high reputation for the cure of cancer. They were proclaimed as sure remedies, first, by a learned professor in Guatamala, and subsequently in Spain, Sicily and Germany, and have called forth treatises of high commendation, in each of those countries. The direction is, to cut off the head and tail, tear away the skin and entrails, and swallow them while palpitating. Strange as it may seem, two of the best treatises upon cancer that are to be found in the French language, were written by men who were so far influenced by the foregoing accounts as to try them upon patients. M. Bayle caused one patient to swallow four hundred of them in the space of two months. [*Dic. des Sciences Medicales*, Vol. 3d, p. 667.] The other gentleman, M. Cayol, whose treatise was published in 1832, saw one patient swallow fifty in fifteen days. Their reports state that they saw no good effect, "physiological or therapeutic."

But it is useless to pursue this subject further. The high authority upon which the foregoing remedies were recommended, is the only apology for selecting them from a long catalogue of absurd prescriptions that have enjoyed reputation. We could wish, for the honor of the profession, that so many deceptions practiced upon suffering humanity could all be referred to an honest mistake in the diagnosis of cancer. But

\* For an account of the trial of some of the foregoing remedies, I am indebted to *Dic. des Sciences Med.* Vol. 3.



alas ! every one must be constrained to believe, that "independently of this cause, the illusions of self love, the desire of renown" or the promptings of avarice, "which speculate upon the dearest interests of humanity"—a detestable unfairness that trifles with the credulity of the afflicted, and withholds from the public a true statement of failures, are the cause of the impostures that have been practiced, and which are the more reprehensible because they defer a resort to the only remedy that is entitled to confidence, until it is unavailable, and the patient's fate is sealed.

The foregoing facts justify the conclusion that no medicine yet discovered possesses the power of resolving or otherwise curing cancerous tumor, or of correcting the cancerous diathesis. Here be it understood, that I do not include those medicines or other articles that kill the affected part, and which are often substituted for the knife ; nor do I include mechanical pressure, which may produce atrophy or gangrene.

Are we to infer from past failure of success that the disease will always remain incurable by medicine ? By no means. Syphilis was at one time as little known in its nature, and as incurable, as cancer, yet its varied forms "now yield to a medicine that was introduced in a manner purely empirical or accidental." Iodine, if not a specific for scrofulous tumors, has conferred great benefit on those who are affected with them. Who knows but some medicine may yet be found equally efficient for correcting a cancerous diathesis, and which in concurrence with some new topical application, may resolve scirrhus-cancerous tumors as effectually as we are now able to resolve venereal tumors of the periosteum, of equal or even greater hardness. The chief obstacle to experiments, and it is, I admit, one of magnitude, is the danger of consuming time, in which the only remedy at present known must be tried in order for its success. The only medicine that engages public attention at this time in Europe is creosote, which on account of its efficacy in some cases of cancerous uterus is now undergoing experiments in France and England upon other cancers.

Extirpation, then, with the knife, or the destruction of its living powers, and consequent separation of it from the subjacent sound and living parts, is the chief if not the only measure that promises to effect a cure. Strangulating the tumor with ligatures drawn through or round its base and tied, has been recommended, but this presents too many objections to entitle it to further notice. To the use of actual cautery, objections are equally strong. Arsenical escharotics, the only ones now used, are justly entitled to more confidence. Yet if we reflect duly upon the danger and uncertainty that attend their operation, they must in almost all cases give place to the knife ; for who can determine the exact limits to which the caustic when applied may extend, or whether it may not leave some portion of the cancer untouched, or destroy the patient as a poison ? An important direction in the use of the knife is, to examine the tumor after extirpation, in order to ascertain if some indurated portion may not have been left ; but escharotics afford no such means of knowing whether we have made clean work. Another important direction in the use of the knife is, to heal the part immediately ; if possible, by the first intention, in order to prevent its being a long protracted point of irritation, that will

be likely to assume the cancerous action. The constant failure of Mr. Monroe and many others of his day, to prevent a return of cancer, is justly attributable to a neglect of this rule. And surely the same evil must ensue, where escharotics leave a large open ulcer.

On the knife, then, surgeons have been taught by experience to rely, as their chief hope of success in the treatment of cancer of the breast. Fortunately the operation is not dangerous nor difficult, and the wound appears to heal kindly. It is probable that not one in five hundred die of the operation, and it is most usual for the wound to wear a healthy appearance for some time after. But alas! our fondly cherished hopes are often cut off by the recurrence of cancer, "either in the cicatrix, or in some other part of the body;" and it is commonly more rapid in its progress, than it was in the first instance. The cancerous vice seems to have acquired a new degree of virulence, to diffuse its influence throughout the system, suddenly evolving all the marks of an established *cancerous cachexy*.

To the patient, then, and to himself, the surgeon must hold up the following propositions.

1. That the extirpation of a scirrhus tumor, whether indolent or painful, large or small, recent or of long standing, is no positive security against its re-appearance, and that the same is true in respect to cancerous degenerations of other tumors and ulcers.

2. That the danger of a return is greatly increased when the disease has been of long standing, or of rapid progress in its development, or if ulcerated, and especially if it has affected the axillary glands, or adheres to the subjacent muscles.

3. That there is but little hope of preventing a return, by operating after the constitution exhibits marks of cancerous cachexy.

It may be further remarked that a cancer which has broken out a second or even a third time, may yet be a fit subject for an operation. Some French surgeons have operated upon the same breast four times, and one of them a fifth time.

*Relapses.*—One cannot but feel surprized in reading the difference in the reports given by surgeons of the first eminence, in respect to the proportion of relapses that have occurred in their own practice. The elder Monroe said that of sixty persons operated upon for cancer, four only had not relapsed after two years. Scarpa had only seen three cases where the extirpation of cancer was not followed by a relapse. According to Boyer, four or five only out of one hundred were permanently cured by extirpation. Mr. Home describes seventeen cases of extirpated cancerous breast, five only of which proved successful. On the other hand, Mr. Hill, a surgeon of Dumfries, in Scotland, reports eighty-eight cases of extirpated cancer, six out of seven of which proved successful. Mr. Nooth says that not more than one in thirty of his patients experienced a relapse. Mr. Fearon's experience is nearly as favorable. Sir Astley Cooper estimates the failures of entire cure at three-fourths.

In this country, so far as my inquiries have extended, the proportion of relapses is a little short of one half.

Satisfied as we are that the above-named gentlemen in Europe are

entitled to the highest respect as operators, it seems difficult to account for such various results. In respect to Dr. Monroe, however, it is stated in the Edinburgh Essays, Vol. 5, by a writer who had perused Dr. Monroe's MS. lectures, that "he recommended the operation too indiscriminately, and without prescribing the necessary limitations." It is well known, too, that in Dr. Monroe's day it was customary to heal the wound of an operation by the slow process of granulation. The same remark is no doubt applicable to the patients of Scarpa in the early part of his professional career, and Boyer continued to stuff with lint the wounds made by the operation until the latter years of his life; whilst the British surgeons, very soon after the days of Monroe, changed their mode of dressing, by endeavoring to heal the wound as much as possible by the first intention. To this it should be added, that in Dr. Monroe's time it was erroneously supposed that by keeping up a discharge from the breast, the return of the disease would be prevented, and with this view it was directed that when the sore was reduced to the size of the palm of the hand, it should be kept open for the remainder of life, and to apply occasionally common caustic and black soap, in the form of an ointment, for the purpose of promoting a discharge. Now the doctrine we have maintained that local irritation is apt to evolve cancer in those who are strongly affected with cancerous diathesis (and who can be more so than those who have had cancer extirpated?), would lead to the conclusion that these different modes of treatment must be followed by results somewhat various.

Another circumstance of equal importance to the success of modern surgery, is, the practice of removing every portion of the cancer and something more—of examining the extirpated tumor to see that sound and healthy looking flesh appears throughout its cut surface, and for removing any suspicious portion that remains in the wound, which can assume the cancerous character. Nearly all modern authors counsel our making the incisions in an apparently healthy part, beyond the limits of the tumor—a direction less insisted upon formerly.

*Can a relapse be prevented by any treatment, local or general?*—We have already shown that no known specific against cancer exists, in the *Materia Medica*, and the profession is therefore confined to the course of merely combatting such diseases and derangements of the constitution as are supposed to favor a development of the cancerous vice. The foremost of these appears to be derangement of the uterine function, at or near the period of the cessation of the menses. The views before given of Sir Charles Bell, show its great importance, and the necessity of correcting every deviation from health, by the means ordinarily recommended in such cases.

From an impression that peccant matter exists in the circulation, in cancerous constitutions, which might be drained off, issues have been prescribed from time immemorial; but the experiments of MM. Deschamps and Gurnier upon an extensive scale, show satisfactorily that they can have no effect upon a cancerous diathesis, and that applied to the part affected, they are worse than useless. As a general direction we are to avoid every cause of constitutional irritation and derangement, to pre-

serve a cheerful state of mind—in one word, to conform to the strict rules of hygiene.

In respect to local treatment, for the prevention of a relapse, it is now generally recommended to abstain from every application that can irritate the skin, to treat the cicatrix with the utmost tenderness, and to keep it constantly preserved from sudden changes of temperature, by some soft covering of the nature of down, "or a swan's skin. Sir Charles Bell in accordance with this, and with his view of the intimate relation subsisting between diseased uterus and mammae, directs that a cancerous breast should, as far as possible, be made an internal part, by such dressings " as will protect it from changes of temperature, give it a gentle support, and soothe the skin. This he prescribes for cancerous tumor, and it is equally applicable to the cicatrix, after its removal.

Finally, the foregoing pages authorize the conclusion that our acquisitions on cancer within the last half century, amount only to a more exact notion of the tissues of cancer, obtained by a closer attention to pathological anatomy—to a more exact analysis, which has excluded tumors of another nature—to the rejection of unfounded hypotheses, and to a more certain diagnosis in some cases—but that very little has been added to the treatment.

#### *Treatment of Cancer by Compression.*

I will now notice a mode of treating cancer, which, although not essentially new, has recently obtained such favor in Paris, as to deserve attention—it is pressure of the tumor, with the view of producing atrophy. In 1829, M. Recamier published two volumes entitled "*Recherches sur le Traitement de Cancer par la Compression.*" The first volume presents a history of sixty-two cases of cancer of the breast, a summary of which is given in the following tables.

Table 1st.—Of 62 cases of cancer of the breast,

- 5 " were not treated.
- 11 " palliatives only.
- 45 " treated with hope of success.

Table 2d.—Of 45 cases treated with hope of success,

- 30 " were treated by compression alone.
- 4 " compression and cauterization.
- 5 " compression and extirpation.

Table 3d.—Of 30 cases treated by compression,

- 10 " cured.
- 4 " almost cured.
- 4 " less advanced in treatment.
- 6 " have less favorable chances.
- 4 " have obtained slight advantages.
- 2 " not any benefit.

Table 4th.—Of 4 cases treated by compression and cautery,

- 2 " cured.
- 1 " nearly cured.
- 1 " received temporary benefit.

Table 5th.—Of 5 cases treated by compression and extirpation,

- 3 " cured.
- 1 " relapsed.
- 1 " dead.

Table 6th.—Of 6 cases treated by compression, cautery and extirpation,

- 5 " cured.
- 1 " dead of another disease during treatment.

*General summary.*—45—curative treatment.

- 20—cured.
- 15—under treatment.
- 10—treatment failed. (Two of these ten died of other affections.

*Cause.*—16 Blows.

- 39 No local violence.
- 5 { Other cancerous persons in same family.
- 2 { Blows, and suspected hereditary causes.

*Age.*—Less than 12 years, 1.

- Between 20 and 30, 3.
- " 30 and 40, 15.
- " 40 and 50, 22.
- " 50 and 60, 16.
- " 60 and 70, 4.
- " 70 and 80, 1.

*Side affected.*—25 Right side.

35 Left side.

2 Both sides.

*Relapses* after extirpation, 11.

" after Recamier's treatment, 1.

*Complication of secondary engorgements.*—In axillary region, 21.

Sub-clavicular, 4.

Super-clavicular, 3.

The treatment by compression was adopted by Sir Charles Bell at the Middlesex Hospital in London, probably in consequence of the statements of M. Recamier; but Sir Charles reported to the Medical Committee that it was not entitled to confidence. M. Recamier stated in reply that if compression was unsuccessful at the Middlesex Hospital, it was because it was not properly exercised nor modified, according to the stage of the disease. I have been at some pains to ascertain from Paris the manner that M. Recamier would prescribe, a summary of which is as follows. He employs layers or disks of agaric cut smoothly, and placed over the scirrhus tumor. These he retains on the part by bandages of flannel, without seams or selvages, rather more than two inches wide, and eight or nine yards long. He places a disk of agaric on each breast, and then several additional ones on the one affected with scirrhus, placing them so that the centre of pressure may fall on the most prominent part of the tumor. When this last is very prominent, the disk of agaric must be thick, and vice versa. The pressure of the bandage cannot be borne by some patients, unless it be very skilfully applied, perfectly equal over the whole surface. " Elle doit être égale, douce, constante, generale, modifiée à mesure que l'affection locale se résout, et continuée après la résolution de l'engorgement—une compression inégale devient promptement douloureuse; l'appareil se relachant ou blessant après un certain temps, il est nécessaire qu'il soit renouvelé souvent, tous les jours s'il n'y a pas d'ulcération, et deux fois par jour s'il y en a."

M. Cayol, who was a professor in the Faculty of Medicine in Paris,

in 1829, published a learned treatise on cancer in 1832, in one volume. To this is added an Appendix entitled "Progress of Science with regard to Cancerous Diseases, &c." Here the author gives an account of Recamier's method of compression, and he declares it to be a conquest in therapeutics which should be placed by the side of lithotripsy and the preparation of the sulphate of quinine.

Such are the opinions of M. Recamier's method of treating cancer, but respecting which the foregoing dissertation suggests to the reader's mind two difficulties.

1. That its slow operation consumes the precious time in which extirpation offers its best chance of success.

2. That however skilfully applied to the patient, even by M. Recamier himself, bandages will never press a cancerous diathesis out of her system.

#### SPINAL IRRITATION—MASTURBATION—CHOLERA INFANTUM.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—I have often desired and sometimes designed to make an attempt to communicate something to the members of our profession through the medium of the Journal, but perhaps an ideal lack of time, and probably real want of ability, has hitherto prevented; and nothing but a sense of paramount obligation, urges me to make this communication. In the statement of the following case, a desire of information as to the efficient treatment is my sole object; and I must be permitted to indulge a strong hope, that any members of the profession who feel themselves qualified, will, on reading it, delay not to reply, that the editor may publish what he shall deem most likely to subserve the interest of the inquirer and his patient.

The subject of this communication, when an infant, had a discharge from the ear for some time, but was ultimately relieved, and continued free for a number of years, until a very hard snowball was thrown against the ear, which produced inflammation, followed by suppuration, and succeeded by ulceration, which has occasionally troubled him ever since. During infancy and childhood he was occasionally afflicted with painful, but free micturition, which followed him through adolescence and puberty—has given him great anxiety lest the disease should terminate in stone, as he believed it to be gravel.

At the age of about nine, he commenced a labor that required some lifting of burdens, thought to be too heavy for his strength, and was supposed to sprain his back, which rendered it difficult to rise from stooping, especially with any considerable weight. During all this time, however, he enjoyed very tolerable health, with the above exceptions. When about seventeen, he entered an attorney's office as clerk, and remained, I should think, about one year, when he left some six months to attend to other business, and then returned and read a few months, but found it again necessary to leave by reason of a spinal irritation. Medical treatment restored him so far that in about four months he thought proper

to return to his studies, to which he attended till January, 1835, always feeling a sense of prostration when he confined himself to the writing desk for some hours, especially the latter part of the time.

At this time the attention of the physician being again called, the spinal irritation was found to have returned to an aggravated degree, and he was advised to discontinue his studies immediately, attend to the removal of his disease, and if possible attain to a perfect restoration of health and vigor. But a short time elapsed before his physician was led to inquire if self-pollution might not produce or aggravate the malady. After a moment's reflection, he candidly replied, "It may." He was admonished that he must abstain immediately and totally, as he valued his life. He replied, "I will," and I doubt not has redeemed his pledge. I would here observe, he is a young man of as unimpeachable reputation, of as unstained moral character (unless this may form an exception), as lives; but has associated little more with the other sex than to escape notice for singularity. To return. Under the operation of remedies that were deemed appropriate, a detail of which it is presumed would be neither interesting nor profitable, the spinal irritation seemed to have subsided, and health to have returned so far that he ventured to walk out, but it prostrated him.

This alternate *apparent* recovery and prostration have been repeated a number of times, and he is now laboring under an increasing gonorrhœa dormientium, but, as he declares, without dreaming, to his knowledge and recollection. These emissions never fail to debilitate him. Since irritation ceased to be produced by pressure on the spine, there has been a sense of "tiredness" whenever he has walked far; and when anything like pain has been felt, it has been referred to the right sacro-iliac junction, and course of the right spermatic cord, attended with much tenderness of the right testicle, and laxity of the cremaster muscle. Many physicians have been consulted, but with less benefit to the patient, as will appear evident, than could have been wished.

I here rest the case, pledging my word to answer all questions necessary to a further elucidation of the subject.

Now, Sir, that my attention is drawn to the subject of asking advice, I venture to solicit, through the same medium, information on the pathology and therapia of what we judge to be "cholera infantum," at the following stage, viz. when vomiting ceases, and purging of a dark green tenacious substance continues; sometimes changing color, &c. attended with retching, yawning, furred tongue, somewhat accelerated pulse, intense thirst, occasional suspiration, &c. &c. the retching generally accompanying the movement of the bowels. In this vicinity, what is termed "summer complaint in children," embracing nearly every state attended with laxity of the bowels, is seldom rife; and when it is so, is not as fatal as in many parts of the Western country, if we may believe reports. Nevertheless, it occasionally proves so, being seldom if ever removed when attended with the above-named symptoms. I will merely say, in conclusion, *generally*, in *such* cases, though not *always*, such symptoms take place before the physician is called.

If the above, especially the *former*, should be thought worthy of a place in your *Journal*, which I deem the most suitable one within my

knowledge, their publication will confer a very sensible obligation on a patron. V.

*Otsego Co. N. Y. August 20th, 1835.*

# MEDICAL REFLECTIONS.—NO. V.

[Communicated for the Boston Medical and Surgical Journal.]

IN my last No.\* on the inexpediency and invalidity of granting patents for the practice of medicine,† I omitted to observe that the law, if it can be so construed as to justify the issuing of patents for the practice of medicine, is unconstitutional and a direct infringement upon the rights of each and every one of these United States. In a government like ours, all power emanates from the people in their sovereign capacities; and it is an admitted axiom that all power not expressly delegated by the several States to the general government, is retained in the State governments or in the hands of the people. It has never been pretended that any power to regulate the practice of medicine was ever granted by the several States to the general government, and consequently a large portion of the States have enacted laws designedly to regulate the practice of medicine. But what has been the effect? Why, instead of controlling quackery under its usual forms of patent medicine, nostrum, and patent doctor, or rather patent practitioner, the action and sanction of the general government have increased the evils which the several States attempted to retard. The State laws on the subject, instead of being respected and revered as the acts of sovereignty, are boldly set at defiance by men destitute of science, of learning, and frequently of common honesty. The present writer hazards nothing in the opinion that it was an oversight, and not a deliberate act in the general government, to commence issuing such patents as those referred to, and that the practice, upon reconsideration, will not be continued, altered or amended, but entirely annulled, revoked and abolished. It is the duty of each and every State to take the matter in hand, and to pass such laws as shall prohibit, under severe penalties, the making or vending any secret nostrum or patent medicine. The speculations in human life and health daily carried on by apothecaries in their trade with these articles, call loudly for reform and legislative interference; and if a reform cannot be brought about either by their own sense of justice and propriety and the acquirement of adequate knowledge to the proper exercise of their calling, or by legislative enactments, perhaps then the only and ultimate remedy may be found in the hands of the faculty, who may, in a body, refuse to trade with all apothecaries and others who deal in patent medicines, nostrums, &c.

This subject is one of intense interest, and I feel well assured that I have come far short of doing it justice—that my humble abilities are inadequate to the task, and that there are others whose talents and acquirements justly designate them as fit persons to whom I may now transfer it. In taking my leave of the subject, I must call the attention of your cor-

\* See p. 218, Vol. XII.

† Of which the mummy of Thomson and Howard are examples.



respondent J. H.\* who has my thanks and good wishes for his essay in a former volume of the Journal, and I entreat him to renew his communications on this subject.

GAMMA.

August 18th, 1835.

## MORTIFICATION OF THE LOWER LIP.

[Communicated for the Boston Medical and Surgical Journal.]

SOMETHING has been communicated in your Journal of late upon a disease termed gangrenopsis, or gangrenous erosion of the cheek or some other part of the face. The local affection, I apprehend, which has received the above appellation, is not often, if ever, *sui generis*, but rather a consequence or sequel of erysipelatus, typhous, or some other kind of malignant fever. Take an example :—

A boy, 4 years of age, about the middle of last May was violently attacked with fever. On my first visit, I discovered in his case what seemed to indicate great danger, and pointed it out to his parents. There was something in an assemblage of his symptoms which rendered his case peculiar, and which is not very easily described. He lay in that kind of stupor, and had that low muttering delirium, which is frequently witnessed in the last stage of typhus, and sometimes in hydrocephalus internus. His eyes were sunken, pulse small and quick, skin dry and not much above the natural temperature. He had had pain in his bowels, attended with a looseness, but this had subsided in a measure, and was followed by tossing and general restlessness. On my first visit I indulged little expectation of his recovery. The parents could give no account of the cause of his sickness, unless it was fatigue, occasioned by his plays the day previous.

I commenced the treatment by giving four grains of calomel every four hours. Next day I found the medicine had operated thoroughly as a cathartic, and had made a favorable impression upon the disease. Although the fever was more fully developed, the cerebral affection was much relieved. Calomel in smaller doses, combined with James's powder and camphor, every four hours, was my principal prescription for the second day. The third day I discovered no material alteration. At the suggestion of some one present that the boy might have worms, I gave an infusion of Carolina pink and senna, in addition to his other medicines.

On the fourth day I found that his bowels were completely evacuated, without improving his case. A small purple blister, not larger than a cent, had made its appearance on his left side, and so rapidly did it spread that in a few hours it was equal in extent to four inches square. By removing the cuticle and evacuating the serum, the cutis vera appeared of a dark color, interspersed with bleeding points. This was followed by smaller blisters of a similar character upon different parts of his body, none of which showed any disposition to heal. Calomel, up to the fifth day of his disease, had been used freely, and the patient allowed to quench

his thirst by drinking cold water. His mouth and face were in a good condition.

But things did not long remain in this situation. On the 6th day, one side of his face began to swell, and so rapidly did it proceed, that by the 7th it had closed one eye entirely. It appeared nothing different from what is usually seen in erysipelas of the same part. The future treatment was *tonic, soothing and cordial*—consisting principally of Sulph. Quinine, Carb. Ammonia, Opium, Wine, and liberal nourishment. Mortification commenced near one angle of the mouth, and continued to extend, so that in two or three days it occupied the whole of the lower lip and some part of the face. Blisters and yeast poultices were applied over the mortified part, and nitric acid diluted was used as a gargle. But all was unavailing. A line of separation formed, but did not afford a barrier to the mortification, which rapidly progressed.

While this process of partial death was going on, some of the patient's symptoms were actually improved; and, what is not uncommon in such cases, fears were entertained of his recovery after the disease had made such ravages as to render his death desirable. He died in just two weeks from the time of his seizure.

I fear it will be long before physicians are able to obtain a cure in cases like the one above described. Fortunately, however, such cases are not frequent. In upwards of twenty years practice, I have seen but three in the whole. These were quite analogous, not only in their general appearance, but in their duration and termination. In every instance where the complaint is symptomatic, our attention is to be directed to the primary disease. If this can be subdued early, we have little to fear from what may be termed consequences.

The question may be asked, why certain febrile affections should produce or terminate in gangrene of the mouth and face? My answer is, because it is their nature, independent of adventitious circumstances, to do so. I have never known a mercurial salivation produce anything like the effects narrated in the above case; neither do I believe mercury capable of thus operating. Instead of regarding it as a cause of the complaint in question, I would sooner expect to find a remedy in its early and energetic use, in many cases, at least, than in any other agent with which I am acquainted. It may be given early, either as a febrifuge or to restore secretions, or with a view to its specific effect. A mercurial action, when properly obtained, it is well known, will stand against almost any disease. I am no advocate for an indiscriminate, but a judicious use of mercury. This powerful agent, in the first stage of many cases which are hurrying on to a fatal termination, will not only arrest them in their progress, but, if assisted by appropriate remedies, will restore the patient to his usual health. But whatever remedies we use, as has before been intimated, should be directed to the primary disease. J. S.

*Montpelier, Vt. Sept. 6, 1835.*

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BOSTON MEDICAL AND SURGICAL JOURNAL

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BOSTON, SEPTEMBER 16, 1835.

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## BOYLSTON PRIZE QUESTIONS.

IN presenting the profession with the dissertation on **CANCER**, which occupies so large a portion of the Journal to-day, it may be interesting to those at a distance to understand the origin and object of these annual essays. Ward Nicholas Boylston, Esq. a wealthy and benevolent citizen of Boston, was the individual who some years since placed in charge of the University at Cambridge, a sum of money, the interest of which constitutes the Boylston prizes. A committee of medical gentlemen, eminent for their acquirements, are selected by the President and Fellows of the College, which committee are empowered to propose questions on medical subjects to the profession in the U. States. The essays on these subjects are examined by the committee, separately, and the one most meritorious in their estimation, even if at variance with their private opinions, secures for its author the prize of \$50, or a gold medal, suitably inscribed, of that value. The names of successful writers are wholly unknown till after their manuscripts have been accepted. On the other hand, unsuccessful competitors are never known, unless they choose to be, as their papers are returned any time within a year, on being called for, with unbroken seals to the envelopes containing their names.

It will be admitted by all that there is the most perfect uprightness and good faith manifested—that there is neither favoritism nor prejudice operating either for or against the claims of writers. There has been a commendable ambition to labor discoverable in the competitors, as no season has passed, since the establishment of the prizes, without attempts to win them; and every approved dissertation has been creditable to the author, and honorable to our country. Dr. Parsons seems to be particularly successful, as the present is the fourth prize he has carried off. To his own dissertation, however, we cheerfully refer our readers, with a full belief that they will feel their obligations to him for the best treatise on cancer—that terror of patients—extant in the English language. They will regret, with the author and with us, that medical science is yet so inefficient in the treatment of this disease; but all the known resources of our art will be found plainly and candidly detailed.

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ABRACADABRA.

ALTHOUGH this, together with Dr. Doane's new edition of "Good's Study," has been a considerable time on hand, it has been inconvenient to give either of them that careful examination which the publishers have a right to expect:—space is to be allotted for them hereafter.

With respect to the *Abacadabra* of the nineteenth century, the greatest of all modern medical moonshine, Homœopathic medicine, by Dr. William Leo-Wolf, it is only necessary to remark that a very curious chain of ingenious and critical research is discoverable in the author. He applies potentials to Dr. Hahnemann, like a fearless surgeon, and both by reason, and plain appeals to common sense, shows that homœopathia

is too ridiculous to merit serious consideration. What are we to think of one of Hahneman's great truths—that *itch is the only cause of all chronic diseases* ! The publishers will please accept our thanks for their polite attentions.

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#### THE PLAGUE.

A LETTER from Marseilles has lately been published in New York, giving an account of the successful treatment of cases of the plague by Dr. Abbott, and of his belief in the non-contagiousness of the disease. Dr. A. is not the only medical practitioner, even in plague countries, who considers it merely endemic. The celebrated Clot-Bey has recently addressed a letter to M. Chervin, of Paris, from which we extract the following interesting particulars in regard to this disease.

"The number of medical men at Cairo and Alexandria does not exceed twenty. The greater part of these are contagionists in a high degree, who cover themselves with oiled silk, and only touch their patients at a distance. At Cairo there are three French and one Spanish medical men, who treat plague cases. They visit their patients as if the latter were affected with an ordinary disease, and they take no precautions of any kind against contagion. The time devoted by them to each autopsy is nearly three hours. Two young French physicians are studying in the same way at Alexandria. The plague commenced at the latter place in November last, and since then has destroyed 20,000 persons.

"The first symptoms of this disease are very similar to those of the inflammatory typhoid fever. About the third day the buboes and carbuncles of the plague appear, and signs of intestinal irritation set in. On the fourth or fifth day the petechiæ and bluish spots make their appearance on the skin. The petechiæ are particularly observed on the neck, the chest, and the limbs. The buboes rarely attack the neck, and are oftener observed in the groin than in the axilla. The bodies in general do not seem to have a greater tendency to putrefaction than any others, and are far from exhibiting the frightful appearance which is generally described by authors and painters. After death the arteries are found empty, and the heart and veins filled with dark blood. The spleen is very much engorged, and often of double its natural volume, and softened. The kidneys are of a dark-blue color, and the stomach always contains a dark fluid, its membrane being much injected with spots, like petechiæ or ecchymosis. The intestines exhibit the same appearance. The lymphatic glands are always engorged, and exhibit a volume five or six lines larger than natural ; their tissue is soft, and of a dark blue. The same change is seen in all the glands along the vessels of the abdomen and chest. There is engorgement of the sub-arachnoid veins, but with this exception, the parenchyma of the brain and spinal marrow do not present any remarkable change, save in two or three cases, where it appeared a little softened.

"The physicians of Alexandria do not believe the disease to be epidemic, while, on the contrary, M. Clot-Bey and his friends are convinced of its being so. He does not attempt at present to decide the question of contagion, though he evidently leans to the side of non-contagion ; but he observes that six physicians, besides students, attendants, &c., have been in the daily habit of touching and dressing the patients, without any one of them as yet having been affected by the disease."

**Laceration of the Perineum.**—In the 9th Vol. of the *Medical Journal* is a case of this nature detailed by Dr. John P. Mettauer, of Virginia, in which an operation was successfully performed. Leadon ligatures were made use of, and the divided surfaces, which had healed, were thus kept in contact, after being denuded, and in six weeks were perfectly re-united. A new method has lately been adopted in England by Mr. Copeland, who has succeeded in curing several patients laboring under recto-vaginal communication, simply by dividing the sphincter muscle of the anus. This division, by causing the feces to flow out of the rectum as fast as they enter it, keeps the bowel in an empty and passive state, and the communication is thus enabled to cicatrize. It is evident that the expediency of this operation depends upon circumstances which the practitioner cannot always command. The laceration must necessarily be recent, and the parts in a healthy state.

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**Creosote.**—The Harveian Society of Edinburgh have fixed on the following subject as their Prize Essay for the year 1836, viz. "The Chemical and Medical properties of Creosote, with the best means of preparing it." The prize is either a copy of the quarto edition of Dr. Harvey's works, or a silver medal with a suitable inscription, at the option of the candidate. The editors of the *U. S. Medical and Surgical Journal*, New York, also offer a premium for the best essay on the same subject—the dissertations to be addressed to them in the usual manner, free of expense, on or before the 1st of May next. The prize will be a copy of Prof. Beck's *Medical Jurisprudence* (new edition), and a copy of Harper's new edition of *Good's Study of Medicine*—both elegantly bound in calf.

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**New Medical Work.**—Messrs. Carey, Lea & Blanchard, of Philadelphia, are about to put to press a Treatise on General Therapeutics, by Professor Dunglison. The same publishers will also, as we are informed by the *N. A. Archives*, shortly issue "Clark's Treatise on Pulmonary Consumption."

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**Medical Degrees.**—At the late Commencement at Williams College, the degree of M.D. was conferred on 27; at Yale College, 17, and the honorary degree on four. At Bowdoin College, the degree of M.D. was conferred on William Adams, Royal M. Ayer, Madison Bray, Henry S. Dearborn, Samuel Dinsmore, Ezekiel D. French, William L. Harmon, William Hunnewell, Nathaniel J. Knight, Joseph H. North, Alvah Parker, Noah O. Parker, Hazard A. Potter, Joseph F. Potter, Putnam Simonton, Samuel M. Smith, Henry A. True, and Aurelius L. Weymouth. No honorary degrees were conferred. Jedidiah Cobb, M.D. of Cincinnati, Ohio, was elected Professor of Anatomy and Surgery in the Medical School of Maine, and William Perry, M.D. of Exeter, N. H. was elected a lecturer on the Theory and Practice of Medicine for the next course of lectures.

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**Creosote in Diabetes.**—Prof. Grant having been unsuccessful in seven cases of diabetes mellitus, was induced to treat the eighth with creosote, which was completely successful. The patient was a man, fifty years

old, who had passed seven Berlin quarts of urine, daily, containing considerable sugar. An emetic was first given, beside some other medicinals, but ineffectually, till eight drops of creosote were swallowed, every day, for a while, in the form of pills. Very speedily the quantity of urine was reduced nearly one-half, and favorably changed in character. Finally, after a gradual daily increase of dose, the patient took twenty-four drops a day. The urine now assumed a natural color, containing the ingredient of that fluid in its normal condition, and the man was considered cured.

This article appears to be destined to produce a very important revolution in the mode of treating several diseases heretofore the dread of the profession.

*Death of Leaves by the Fumes of Lead.*—A young sugar tree (*acer saccharinum*), planted along one of the side-walks of this city, put forth several tufts of leaves near the top of the stem, about seven feet from the ground. When they were growing luxuriantly, the box, a large one, in which the tree was enclosed for protection, was painted with white lead, in oil. By the next day the whole of them had wilted, and have since been replaced with a new crop. This was a palpable and fatal case of saturnine paralysis in the vegetable kingdom.

*Western Journal of the Medical and Physical Sciences.*

*Nitrate of Silver in Tonsillitis.*—It is well known that no disease is more likely to recur than suppurating tonsillitis, which, under the name of quincy, will return upon some persons, on the slightest exposure to a cold and damp atmosphere, subjecting them to repeated suppurations. It is perhaps not generally known, that on the access of this malady, a vigorous and early application of lunar caustic, in the solid form, or dissolved in rain water, in the proportion of eight or ten grains to the ounce, will more certainly arrest the inflammation and prevent an abscess, than any other method of treatment. If, however, there should be fever, venesection and an emetic should be premised. The application of solid caustic to the tonsils until they "turn pale," gives but little pain. If it should escape from the quill and be swallowed, it may be decomposed with salt and water, or a solution of sulphate of magnesia.—*Ibid.*

*Chalybeates in Dropsy.*—Dr. William Pettit, of Columbiana county, Ohio, has sent us a paper commending the use of Rubigo Ferri mixed with Port wine, in the treatment of dropsy. He thinks that the influence of Dr. Rush, in favor of the antiphlogistic method, has had, in many instances, an unfavorable effect on the practice of American physicians. Dr. P. states, that his attention was some time since directed to this medicine, by Dr. Isaac Parker, of Jefferson county, in this State, an old and respectable physician, who assured him that he was generally successful in the management of ascites and anasarca, by means of the following preparation:—

R. Carbonate of Iron,  $\mathfrak{z}$  i.  
Port Wine, Hj. Mix.

Agitate when used, and give half an ounce three or four times a day  
Dr. Pettit has given two successful cases in detail.—*Ibid.*

To CORRESPONDENTS.—The following original communications are on hand for insertion:—Constitutional Effects from Local Injury—Case of Corneitis—Effect of Alcohol on the Liver—Case of Gonorrhœal Ophthalmia. Also a translation of Researches on the Nutriment of Gelatine, and a corrected copy of Dr. Mettauer's essay on the Crusta Genu Equinæ, published in the last No. of the Phil. Journal.—The Meteorological Table for the last month has not been received from the gentleman to whom we are indebted for its hitherto regular transmission.

DIED.—At St. Helena Island, S. C. Dr. Charles W. Capers, aged 41, a graduate of Yale.—At Greenbush, N. Y. Dr. Charles Hale, aged 36.

Whole number of deaths in Boston for the fortnight ending Sept. 12, 130. Males, 73—Females, 57. Of scarlet fever, 2—infantile, 12—dysentery, 10—convulsions, 6—teething, 3—croup, 1—Inflammation of the lungs, 1—fever and ague, 4—ulceration of the intestines, 2—drowned, 1—disease of the head, 1—throat distemper, 5—measles, 14—bilious fever, 2—Inflammation of the stomach, 1—Inflammation of the brain, 2—cholera morbus, 2—disease of the heart, 2—lung fever, 3—cholera infantum, 3—epilepsy, 1—dropsy on the brain, 3—decline, 1—old age, 4—hooping cough, 5—consumption, 8—hip complaint, 1—Inflammation of the bowels, 1—accidental, 1—worms, 2—dropsy, 2—typhous fever, 7—mortification, 1—bowel complaint, 4—liver complaint, 1—canker, 1—disease of the brain, 1—brain fever, 1—cramp, 1—quinCY, 1. Stillborn, 2.

## ADVERTISEMENTS.

### WASHINGTON MEDICAL COLLEGE OF BALTIMORE.

The Annual course of Lectures in this Institution will commence on the last Monday of October.

JAMES H. MILLER, M.D. Professor of Anatomy, Physiology and Pathology.

SAMUEL K. JENNINGS, M.D. Prof. Materia Medica, Therapeutics, Hygiene, and Medical Jurisprudence.

WILLIAM W. HARDY, M.D. Professor Obstetrics and the Diseases of Women and Children.

JOHN C. S. MOUKER, M.D. Professor Theory and Practice of Medicine.

JOHN P. METTAUER, M.D. Professor Surgery and Surgical Anatomy.

EDWARD FOREMAN, M.D. Lecturer on Chemistry, &c.

WASHINGTON R. HARDY, M.D. Demonstrator of Anatomy. This department will be open from the 1st of October. Sept 16—3t

### BOYLSTON MEDICAL PRIZE QUESTIONS.

The Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following physicians, viz.—JOHN C. WARREN, M.D.—RUFUS WYMAN, M.D.—GEORGE C. SHATTUCK, M.D.—JACOB BIGSLOW, M.D.—WALTER CHANNING, M.D.—JOHN B. BROWN, M.D.—GEORGE HAYWARD, M.D.—JOHN RANDALL, M.D.—and ENOCH HALE, JR. M.D.

At the annual meeting of the Committee held on Wednesday, August 6th, 1835, a premium of fifty dollars, or a gold medal of that value, was awarded to Luther V. Bell, M.D. of Derry, N. H. for a dissertation on the following question—"What diet can be selected, which will insure the greatest probable health and strength to the laborer in the climate of New England; quantity and quality, and the time and manner of taking it, to be considered."

Another premium of the same value was awarded to Usher Parsons, M.D. of Providence, R. I. for a dissertation on this question—"What are the diagnostic marks of cancer of the breast; and is this disease curable?"

The following prize questions for the year 1836 are now before the public, viz.

"1st. How far are the external means of exploring the condition of the internal organs to be considered useful and important in medical practice?"

"2d. To what extent is an active medical practice useful in the common continued fever of this country?"

Dissertations on these subjects must be transmitted, post paid, to John C. Warren, M.D. Boston, on or before the first Wednesday of April, 1836.

The following questions are now offered for the year 1837, viz.

"1st. What is the nature of Neuralgia, and what is the best mode of treating it?"

"2d. To what extent, and in what places, has Intermittent Fever been indigenous in N. England?"

Dissertations on these subjects must be transmitted as above, on or before the first Wednesday of April, 1837.

The author of the successful dissertation on either of the above subjects, will be entitled to fifty dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied with a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and place of residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, if called for within one year after they have been received.

By an order adopted in the year 1836, the Secretary was directed to publish annually the following votes, viz.

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

Boston, August 22, 1836.

GEORGE HAYWARD, Sec'y.

3t&5w

Publishers of Newspapers and Medical Journals, throughout the United States, are respectfully requested to give the above an insertion.

### MEDICAL AND SURGICAL EDUCATION.

THE subscriber continues to receive medical pupils at the United States Marine Hospital, Chelsea, and to offer them the following advantages.

The institution at present contains seventy beds: all of which are occupied during the autumn and winter by the subjects, both of medical and surgical treatment. The number of patients in the spring and summer is rather less. The average number daily, throughout the last year, was between fifty-five and sixty. The number is annually increasing. A greater variety of disease is thus presented, than is to be found in those hospitals exclusively appropriated to the poor of any city.

The students have unrestrained access to these cases during all hours: as also to the extensive apothecary shop connected with the establishment.

A valuable medical library is offered for their use.

Facilities for the cultivation of demonstrative anatomy, are afforded through the winter.

The students are provided with a suitable apartment in the hospital, which is furnished with fuel and lights, without charge.

Fees, \$50 a year.

Board may be procured in the vicinity of the hospital, at from \$2.50 to \$3.00 per week.

Boston, April 21, 1835.

(April 20.—tf.)

C. H. STEDMAN.

### MEDICAL INSTITUTION OF YALE COLLEGE.

THE annual Course of Lectures in this Institution will commence on Thursday, Nov. 5, 1835, and will continue seventeen weeks. There are at least five lectures daily throughout the term, and a part of the time six. The several branches are taught as follows, viz.:

Principles and Practice of Surgery, by THOMAS HUBBARD, M.D.

Theory and Practice of Medicine, by ELI LIVES, M.D.

Chemistry and Pharmacy, by B. BILLIMAN, M.D.

Materia Medica and Therapeutics, by WILLIAM TULLY, M.D.

Anatomy and Physiology, by J. KNIGHT, M.D.

Obstetrics, by TIMOTHY P. BERNES, M.D.

The fee for each of the first five branches is \$12.50, and for the last \$6.00, which, together with a matriculation fee of \$5.00 and a contingent bill of \$2.50, are to be paid in advance. The graduation fee is \$15.

Since the last term, extensive alterations have been made in the College buildings;—those parts of it especially which are appropriated to anatomical purposes, have been made more extensive and commodious, and every facility will be afforded to those who wish to pursue the study of anatomy.

The price of board, lodging, &c. in New Haven, is from \$2 to \$3 a week, and other necessary articles in proportion. (Sept. 3—ep6w.)

### MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of MEDICAL INSTRUCTION, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive Clinical Lectures on the cases which they witness there.

Instruction, by examination or lectures, will be given in the intervals of the Public Lectures of the University.

On Midwifery, and the Diseases of Women and Children, and on Chemistry

By Dr. CHANNING.

On Physiology, Pathology, Therapeutics, and Materia Medica

By Dr. WARE.

On the Principles and Practice of Surgery

By Dr. OTIS.

On Anatomy, Human and Comparative

By Dr. LEWIS.

For the greater accommodation of the Class, a room is provided in the house of one of the instructors, having in it a large library, and furnished with lights and fuel, without charge to the students.

The Fees will be, for one year, \$100. Six months, \$50. Three months, \$25.

The Fees are to be paid in advance. No credit will be given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. WALTER CHANNING, Tremont Street, opposite the Tremont House, Boston.

WALTER CHANNING,  
JOHN WARE,  
GEORGE W. OTIS, Jr.  
WINSLOW LEWIS, Jr.

Boston, April 1, 1835.

### MEDICAL INSTRUCTION.

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Convenient Rooms well furnished, with access to a good Medical Library, and the necessary facilities for demonstrative Anatomy and Surgical operations.

The privilege of attending at the almshouse and a private hospital, now in successful operation, together with the important cases, both in physic and surgery, which occur in a pretty extensive private practice. Terms—\$50 a year.

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JOSEPH H. FLINT,  
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May 13.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. OLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, post-paid. J. V. C. SMITH, M.D. Editor. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$2.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy, gratis.—Postage the same as for a newspaper.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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WEDNESDAY, SEPTEMBER 23, 1835.

[NO. 7.

## RESEARCHES OF M. EDWARDS, ON THE NUTRIMENT OF GELATINE.

TRANSLATED FROM THE JOURNAL DE CHIMIE MEDICALE, DE PHARMACIE, ET DE TOXICOLOGIE, FOR JULY LAST.

BY J. CHICKERING, M.D. BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

It is well known that there has of late been a discussion relating to the alimentary properties of Gelatine, in which one of our colleagues (M. Julia Fontenelle) has taken an active part. We here publish the results obtained by M. Edwards.

This physiologist, in order to determine the variations of strength, and whether they were subject to a regular law, endeavored to measure that of the same individual at five different times of the day : at 7 and 11 o'clock, A. M. and at 1, 7, and 11, P. M.

These experiments, repeated on ten successive days, under the most similar, the most ordinary and simple circumstances, gave for the force of the hands, by the dynamometer, the following means :—

At 7, A. M.	-	-	-	67°.
" 11, "	-	-	-	72°.
" 1, P. M.	-	-	-	73°.
" 7, "	-	-	-	71°.
" 11, "	-	-	-	67°.

Thus, from the hour of rising at 7, A. M., up to 1, P. M., the force was increasing ; afterwards, it decreased in the interval from that time to 11, P. M. Thus, the course of muscular strength is ascending the first half of the day, and descending the last half. Finally, the least intensity occurs at the two extremes of the day, especially at the commencement.

What produces this effect ? Is it the food taken in the morning an hour after rising, which develops the strength during this period ? Or, is it the course natural to our animal economy, independently of every foreign exciting cause ?

In order to know to which it belongs, the hour of the repast was changed, but in such a manner as not to affect the subject of the experiment. The breakfast, taken as above at 8, was deferred till half past 10. During this interval, we measured by the dynamometer, at 7, 9½, and 10½, the strength of the individual. The mean of these trials showed that during the interval, without taking any food, and without the perceptible action of any exciting cause on the strength, it was progressively increased.

Therefore, when we fast, we experience after rising a progressive de-

velopment of muscular strength during a great part of the morning, without any exciting cause but the regular play of our organs, and the genial action of external agents, under the free air and the direct rays of the sun.

The influence of food seems, then, to be nothing in this case ; at the same time, as it is certain that this influence exists, in order to show the effects, we must change the process.

The means which M. Edwards resorted to, were to make trial of the dynamometer immediately before the repast, then to repeat it immediately after, and at successive intervals. By this method, having determined the strength at 7,  $9\frac{1}{2}$  and  $10\frac{1}{2}$ , as in the preceding series of experiments, breakfast was taken immediately after ; as soon as that was over, a new trial was made of muscular strength, which was found considerably augmented ; it had increased  $7^{\circ}$ . The repast in question consisted of a bowl of chocolate and a little bread ; the object was, first, to know if the water which formed a part, would produce the whole or a part of the determined effect.

Thus, under circumstances perfectly similar, and on the next day after the preceding experiments, the same person took simply water in the proportion it entered into the bowl of chocolate, and, after the same space of time (eight minutes), he had recourse to the dynamometer, which, instead of an increase, showed a diminution of  $2^{\circ}$ . The experiment, repeated on three successive days, gave the same result.

The second element to be appreciated was the sugar, which was tried in connection with the water, but the sweetened water gave also a sensible diminution.

Trial was then made of chocolate sweetened and prepared with the usual quantity of water ; there was now no longer a diminution, but an increase of  $3^{\circ},7$  by the dynamometer. This result was constant during the three days of the experiment. Thus, the only substances in the repast, which were efficient in increasing the strength, were the chocolate and the bread.

The object of the following experiments was to examine, but always by the same analytical process, the effects of gelatine on the variations of the muscular strength. The ordinary broth was first used, but it being customary to take it hot, it became necessary to determine the effects of an elevated temperature ; for, in the preceding experiments, the sweetened water was taken at the temperature of the air.

Six ounces of water was drank at  $122^{\circ}$  F., the ordinary temperature of taking the broth ; after 8 minutes, as in the preceding experiments, the dynamometer showed a diminution of force of  $3^{\circ},3$  ; there was the same result on three successive days. Thus, the elevation of the temperature, far from increasing the strength, on the contrary diminished it, though water, taken at the common temperature, caused less diminution.

The effect of temperature being thus ascertained, trial was made of broth of a very good quality ; the effect was very great, and, for four days, the sudden increase was from 6 to 8 degrees.

A broth was then made by substituting two ounces of gelatine for the three pounds of meat, which is used for the same quantity of water. This broth is not to be distinguished from the ordinary broth ; taken at the same hour, and under the same circumstances as in the trial of the first

kind, it gave, by the dynamometer, an increase of force of 9 degrees—that is, greater by two degrees than in the preceding experiments.

After making these experiments on the same individual, M. Edwards, in order to obtain comparative results, experimented upon 31 soldiers of the 43d regiment. The trial of the dynamometer gave, before breakfast,  $79^{\circ}, 87$ ; after,  $82^{\circ}, 33$ ; before dinner,  $77^{\circ}, 32$ ; after,  $82^{\circ}, 16$ . This trial was repeated on another company of the same regiment, composed of very strong men. The experiments were on 26 grenadiers; the difference, before and after breakfast, was  $4^{\circ}$  ( $3^{\circ}$  for those of the centre); before and after dinner,  $6^{\circ}$  ( $5^{\circ}$  for those of the centre).

The strength of the same soldiers of the company of the centre and of that of grenadiers, was tried before and after soup, at breakfast and at dinner.

*Increase after soup.*

Company of the centre.		Do. Grenadiers.	
At breakfast,	1,42.	- - -	3,93.
At dinner,	4,51.	- - -	5,35.

The 26 grenadiers all showed an increase of strength after breakfast: of 31 soldiers of the centre, 25 only; after dinner, 28. In four cases, a diminution of strength was observed after breakfast and after dinner. The author thinks from this, that with strong men there is an increase of strength after every moderate meal, and that the exceptions observed were owing to the subjects being less vigorous. In order to be convinced of this, he experimented on young men of a boarding school; the mean result was contrary to what he observed in the soldiers. So likewise, in subjects who, by reason of age, present a feebleness in a healthy and sound constitution, there was an immediate diminution of muscular strength after each repast.

This difference between the immediate effects of food on the muscular strength, arising from individual vigor or feebleness, deserves attention. The elevation or depression of strength, which follows the ingestion of food, is, we may say, instantaneous; it is the effect of the passing contact, and ought to be distinguished from the subsequent effect, arising from the digestion of ingested substances. This operation, commencing immediately after the arrival of the food into the stomach, tends to concentrate in this organ the strength of the individual, and consequently to counter-balance the other effect. Thus, after the ingestion of food, there are two opposite tendencies, and the difference only is recognized by the dynamometer. This difference is less in feeble persons, and more in the vigorous.

If the quantity of food is moderate, the call for strength to the stomach will be less, while for the excitement produced by contact, there will be the same as if the repast had been more copious. Whence we think there may be cases in which, after soup, the development of muscular power will be greater than at the close of dinner; this happens with many females. This is, adds M. Edwards, one of the greatest advantages of spiced gelatine broth, which, in this respect, is unequalled. These experiments have been repeated at the Hospital of Saint Louis.

At dinner hour, when the repast commences with a soup made with a solution of spiced gelatine with a prescribed portion of meat, a certain

number of the sick in the male wards of M. Bielt, have been put to three trials of the dynamometer ; one before, another after the soup, and the last at the close of the dinner. The mean result is as follows :—Before gelatine soup, 66° ; after it, 68°.

From similar experiments made on 37 female patients under the care of M. Alibert, the means were :—Before gelatine soup, 45° ; after it, 48°. In the two cases there was, at the end of the repast, a mean augmentation of strength.

"All these results," continues M. Edwards, "show the effect of spiced gelatine broth with meat ; such is prescribed by the author, and such is prepared at Saint Louis."

We should think that the gelatine serves only to give substance to the body, and that the excitation of strength depends solely on the palatable and fragrant qualities of the broth. In order to decide this question, broth was prepared, some with two ounces of spiced gelatine, and some with four ounces. The subject of the first experiments used for three days each of these two kinds of broth. The first gave an increase of strength of 9° ; the second gave one of 11°, 34. "Thus," says M. Edwards, "we may say in general terms, that the intensity of the action of gelatine on the muscular strength, tends to increase in the proportion of this substance ; whence it will result, that meat broth, made with two ounces of gelatine and one pound of meat, will act or tend to act more energetically, and for a longer time, on the muscular strength, than the ordinary broth prepared with four pounds of meat."

It ought to be seen by this abstract, that M. Edwards has confirmed the statement of M. Julia Fontenelle in his memoir read in September, 1834, before the Institute, in which he first maintained that good food is to be known less by the weight which the body may acquire, than by the increase of muscular power. This is the fundamental idea in the work of M. Julia Fontenelle, who noted not merely the strength of the hands, but also that of the body. We have thought it proper to make the remark here, because M. Edwards has nowhere mentioned the labors of this last, although they preceded his own by more than eight months.

*September, 1835.*

## CASE OF CORNEITIS, WITH DEEP CENTRAL ULCER OF THE CORNEA.

BY EDWARD J. DAVENPORT, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

JOHN CRIMMENS, aged 2 years, a stout healthy child, was brought by his father, April, 1835, for advice for an inflammation that had existed in the right eye for six weeks. He had employed no medical advice of consequence, and the eye had been constantly getting worse ; and for the last two or three weeks the child has been unable to open the eye at all. Such was the intolerance of light, that some force was necessary to enable me to inspect the eye, so as to ascertain with any degree of certainty the actual state of the organ. Upon inspection, the external tunics were found to be much inflamed ; the inflammation was most intense immedi-

ately around the margin or circumference of the cornea, forming there a distinct zone or circle of red vessels. This, it may be observed, is diagnostic of inflammation of the cornea, and also of the internal textures of the eye, and is invariably noticed if the inflammation exists in any great degree. Nearly in the centre of the cornea, and opposite to the pupil, was a deep circular ulcer, with rounded smooth edges, which were elevated and opaque, the centre being semi-transparent. A nebulous opacity surrounded the ulcer and covered nearly the whole of the cornea, obscuring and preventing any examination into the state of the iris or anterior chamber. The edges of the eye-lids were red and excoriated, and beneath the lower lid, and upon the cheek, was an eruption of small red pimples. These appeared subsequent to the ophthalmia, and were probably caused by the almost constant flow of, hot acrid tears running over and irritating the cheek. The eye was tearful,\* and apparently quite painful. The eruption also added to the irritation.

The father first noticed a redness of the eye, which he attributed to a cold; but a month before the time of his application, he perceived a white spot upon the sight, and he observed, in answer to the inquiry, that it had not increased much in size, but had lost some of its white or opaque appearance. The little patient soon afterwards became feverish and restless, and had much thirst; but his appetite was not impaired, and he was allowed to take his usual food.

In the commencement of this case, the disease was no doubt an inflammation of the substance of the cornea with pustule, and may probably be referred to an atmospheric origin. The requisite depletory treatment having been neglected, the pustule or abscess went on increasing, and at last was evacuated by a spontaneous process, leaving the circular deep ulcer which I have described above. The inflammation, and the ulcerative process (which, it should be recollected, is a species or stage of inflammation), continuing unchecked, the ulcer constantly grew deeper, and at the time of the application threatened to perforate the cornea, thus involving the iris and the anterior chamber in its course, and impairing the integrity of the eye-ball itself. The perforating ulcer of the cornea, from the loss of substance that it occasions, as well as from the permanent derangement of the iris to which it inevitably leads, is ever a circumstance much to be dreaded, but more especially when, as in this case, it is situated in the centre of the cornea. Here, in the most favorable result that could be anticipated, it would occasion an indelible opacity (with adhesion of the iris) in the very axis of vision. Fortunately, this lamentable result is comparatively rare; but a weighty responsibility rests upon the practitioner who is called upon at such a juncture to decide upon the course to be pursued.

The first step or indication obviously is to reduce the inflammation which is going on to the destruction of the cornea; the second is to induce a healing action in the ulcer of the cornea; and the third, to diminish as far as possible the opacity of the cornea (i. e. the opacity or albugo that will remain when the ulcer has healed up), the necessary result of the deposition of coagulable lymph thrown out by nature for the purpose of healing up the breach.

\* The discharge consists of tears, and not of mucus or purulent mucus.

The patient was directed to have immediately two leeches applied to the right temple, and the same to be repeated upon the next day. The following powder to be administered at bedtime :—

R. Hydrargyri Submuriatis, gr. iv.  
Rhei pulveris, gr. x. Misce.

A moderate dose of the infusion of senna with manna as an adjunct, was directed to be given the succeeding morning. The diet was to be restricted to bread and milk, and limited in quantity. Thick bandages over the eye were prohibited, but it was recommended to protect the eye with a light shade, the apartment being darkened. The eye to be bathed with tepid milk and water.

3d day.—The aspect of the eye was materially changed for the better ; the inflammation and the intolerance of light were much diminished. The powder had acted both as an emetic and cathartic, and the leeches had bled freely. The lids being separated, the surface of the ulcer was lightly touched with a camel's hair pencil, dipped in a saturated solution of the nitrate of silver, and a few drops of a collyrium, of six or eight grains of the same dissolved in an ounce of distilled water, were directed to be dropped into the eye once in each day. One leech to the temple, to be repeated if necessary. At this visit the child was laboring under a smart attack of bronchitis.

He was not seen again for two weeks ; during which time two or three leeches had been applied, and he had taken cathartic medicine. Now the general inflammation of the eye is much diminished ; the ciliary zone is, however, still injected, particularly at the inferior margin of the cornea ; the ulcer has diminished in extent and depth about one half, and is healing by granulation. The nebulous opacity hitherto surrounding it, has nearly disappeared ; the pupil now, clearly visible, is found to be less in diameter than that of the opposite or sound eye, and to have assumed an irregular shape, somewhat resembling the form of a double-headed shot ; the iris is of a darker color than natural. This irregularity in the margin of the pupil and change of color of the iris, plainly denote the degree of inflammation to which that membrane had been subjected, and may serve as an example to point out the danger of the extension of inflammation (not by the influence of sympathy, probably, but rather by a process or mode of continuation of similar action or disease, called by Hunter *continuous inflammation*, depending upon the close connection or contiguity of the different textures), from the external to the internal textures of the eye in severe inflammations of this organ. This extension of inflammation from the external to the internal or deep-seated textures is an important consideration, which it seems to me is too often overlooked in treating diseases of the eye. It forms one of the points of danger in the Egyptian or purulent ophthalmia, especially if the disease should be of long standing or chronic.

But to return to the case which forms the subject of these remarks ; the surface of the ulcer was again touched with the nitrate of silver solution, and another application of leeches was directed. The child was to take every night at bed-time, one of the following powders, and an

occasional laxative (to remove sources of irritation and to prevent the constipating effects of the opium) in the morning.

R. Hydrargyri Submuriatis, gr. ij.  
Opii et Ipecacuanha pulveris, gr. iv.  
Sacchari Albi, gr. x.

Misce : in chart. No. iv. dividend.

*July 5th*, two months after first application.—The parents of the child, living in the country, had not presented him again for advice until this day. The eye is now entirely free from inflammation, and bears the light equally as well as the other eye. The ulcer of the cornea had cicatrized some time since ; the cicatrix presenting a circular milk white and dense opacity, the rest of the cornea being perfectly transparent. This opacity is evidently of that form designated by the term leucoma. Of this not uncommon species of opacity of the cornea, Mackenzie observes—"a loss of substance in the cornea by ulceration, and a partial filling up of that loss by granulation, always precedes the formation of leucoma." For the purpose of hastening the absorption of the opaque deposition in this case, a collyrium of sulphate of zinc, in distilled water, was recommended to be dropped into the eye daily.

The prognosis in cases of opacities of the cornea in children, unless complicated with adhesions of the iris, is uniformly favorable, owing to "a natural tendency to disperse, as soon as the disease upon which they depend begins to subside." A knowledge of this fact, or *law of nature*, should prevent a recourse to any operation upon the opacity itself, under the vulgar and absurd belief that they may be "cut off" by the knife, or "eaten off" by escharotics ; and should also tend to repress the injudicious application of empirical collyria, which are invariably of a highly stimulating character, which may do much harm when used, as they frequently are, before the *cause* of the opacity is subdued.

*Boston, September, 1835.*

#### CONSTITUTIONAL EFFECTS FROM LOCAL INJURY.

[Communicated for the Boston Medical and Surgical Journal.]

*AUG. 26th*, J. H., a revolutionary pensioner, aged 78, of robust constitution and general good health, was thrown, by a sudden movement of the horse, out of a waggon in which he sat, with a child on his knees. In the effort to save it from injury, he fell heavily, and a second movement of the animal passed the wheel over a portion of his abdomen as he lay. On being assisted to rise, he was unable to rest the slightest weight on the right limb, and was conveyed to bed.

On the 27th, twenty hours after the accident, I was called to see him in consultation, and found the following appearances and symptoms offering themselves. There was no perceptible shortening of the right limb, but the foot and knee were a little everted. No external mark of injury on the ilium of that side, but there was swelling and much pain on pressure at the trochanter major, aggravated by any attempt at flexion on the trunk or abduction ; adduction, however, could be performed without much increase of suffering. The skin was pungently hot ; tongue dry

and brown, but without much coating. There had been obstruction of the bowels since the accident ; and it was stated that, ten hours after, vomiting had set in, which continued unremittingly every few minutes. The fluid thrown off resembled dark coffee grounds, and its ejection was peculiarly characteristic of that accompanying membranary inflammation of some of the collatitious viscera, namely, the gulping of mouthfuls from the stomach, which were spirted out with much force. The abdomen was tumid, and pressure, however light, over any part of its surface, produced pain. Before the act of vomiting, much distress was complained of in a line crossing the centre of the epigastric region and the site of the gall-bladder ; there was not, however, any evidence of external injury. The functions of the brain were undisturbed ; the pulse 112 in a minute, and giving a feeling as if a rod of lead struck the finger.

The diagnosis I drew from these data was, that no doubt existed of fracture of the neck of the femur, but that the intensity of the constitutional symptoms did not seem to be justified by it, as far as I could judge by the examination ; that these were more likely to have arisen from injury received by the fall, with a full stomach, or the passage of the wheel over the abdomen ; and that, while every attention should be paid to the local injury, it ought to be particularly directed (as far as consistent with the age, &c. of the patient), to the subdual of the diseased action which seemed going on in the abdominal cavity. With this view the gentleman who met me conceded.

The limb was placed in an easy position, bandaged, and six leeches applied to the ilium, followed by fomentations. Sixteen ounces of blood were taken from the arm, without any marked effect being produced on the general system, and a pill administered, consisting of S. M. Hyd. gr. vi. ; Pulv. Opii gr. ss. M.

28th, A. M.—The vomiting has ceased since the bleeding of last night, which is sizy and much cupped ; the bowels have been moved once ; the skin is moist, its temperature decreased, and the patient has had some rest. Sumat haust. effervescing, pro re nata, with fluid nourishment, and continue fomentations.

2, P. M. was called suddenly in consequence of a return of the vomiting. Abdomen tumid ; pulse 120, compressible, in other respects as before. Cupping to the abdomen, to the extent of six ounces ; blisters to the inside of the thighs ; sumat S. M. Hyd. gr. ij. ; Pulv. Camphor. gr. i. ; Pulv. Opii gr. 1-4. M. tert. hor.

29th, A. M.—During the application of the cupping glasses, and for two hours afterwards, the vomiting ceased, but then recommenced, and has since continued, everything being rejected almost as soon as taken. There is occasional hiccoughing ; pulse 100, soft, and intermitting. Cont. pil. ; dry cupping to the abdomen ; sinapisms to the feet.

On my visit at night, I found that as long as the application of the glasses could be borne, the vomiting was checked ; when they were removed, it recommenced. The bowels had been moved a second time ; the abdomen had lost its tumid appearance. He was now with cold extremities, evidently fast sinking, and died at 10, P. M.

The temporary relief, only, which was afforded by the means used, the absence of tumefaction towards the close, and the rapidity with which



the case terminated, led me to suspect serious structural lesion as the remote cause of death. I therefore requested permission to examine the body, which was granted.

The integuments of the abdomen were loaded with fat, and the body exhibited muscular development uncommon at such an age. There was no effusion into the peritoneum, nor did its surfaces present any traces of inflammation. The stomach contained about two ounces of a dark-colored mucus, as if mixed with powdered carbon. Its orifices and surface were natural, save at the commencement of the great curvature, where a diameter of two and a half inches was dotted with effusion of blood of a light-red color. There was much distension of the vessels of the upper third of the jejunum and of the lower third of the ileon; the vessels of the colon (which was of unusual length) were also enlarged, but there was no trace throughout of active inflammation. The liver was engorged with contained fluids, and the gall-bladder, swollen almost to bursting, contained from five to six ounces of bile, similar in appearance to the fluid first ejected, but more inspissated. The other abdominal and pelvic viscera were normal.

The cellular tissue over the local injury was much injected with blood, and on cutting through the fibres of the glutei muscles, a quantity of synovia, mixed with blood, was poured out. On dissecting away their attachments to the trochanter, and passing the finger upon the neck of the femur, it was found fractured, its anterior face being attached to the trochanter, while the posterior and head of the bone were separated into three portions; the capsular ligament was extensively lacerated, and the upper part of the acetabulum offered a fissure to the finger, leaving no doubt of fracture of the ilium. There was no evidence of active inflammation about the parts. A more minute dissection could not be had.

We have here severe local injury producing constitutional effects, similar in their character to general abdominal inflammation, while scarce a trace of morbid action is shown on examination after death. All the symptoms seem to have been the result of a sympathy of surfaces, if I may be allowed the expression. It would seem that when the vessels and nerves of any particular part are so injured as to be of themselves incapable of undertaking a remedial process, a diseased action is taken up by the nearest predisposed analogous structure; the fracture of the ilium, neck and head of the femur, and the consequent extensive laceration of the serous membrane of the joint, producing functional disorder of those organs enveloped by that of the abdomen, which was kept up until death closed the scene—the exciting cause being beyond the power either of nature or art.

E. E. D.

*Northampton, Sept. 1, 1835.*

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#### CASE OF PURULENT OR GONORRHOËAL OPHTHALMIA.

[Communicated for the Boston Medical and Surgical Journal.]

MARCH 3d, 1835, I was called to A. B. by his friends, who represented to me that one of the eyeballs of the patient had burst open. Upon my arrival, I found it actually the case. The eyeball was collapsed and

sunken in the orbit, with an aperture as large as a common pupil, immediately on the lower edge or margin of the pupil. The lids were still much swollen, and there was a considerable discharge of purulent matter from the membrana conjunctiva. Under these circumstances, I found I could do but little for the ophthalmia, as it was too late; the fate of the eye was already unalterably fixed, and the prospect gloomy indeed of any sight remaining. Upon a careful examination of the patient, I found he was laboring under a virulent gonorrhœa, and had been under the treatment of a Thomsonian or steam doctor for both diseases. He was promised speedy and sure relief by the steamer, and that his eye was getting better and would soon be well. These promises were repeated and urged upon the patient until within a few hours of the sad catastrophe, the bursting of the eyeball, which so alarmed the patient as to induce him to send for me.

I prescribed the ordinary remedies for gonorrhœa, and with success in the ordinary time. Some local remedies were applied to the eye with benefit. The patient is now well, and can see a little, but very indistinctly, out of the affected eye.

I am clearly of opinion that this was a case of gonorrhœal ophthalmia, and that some of the infectious matter from the urethra was applied to the conjunctiva, as the young man was a person of filthy habits. I mentioned this case, in conversation with a neighboring practitioner, who concurred with me in opinion, and related a case which he had seen. A young man was laboring under slight ophthalmia, with gonorrhœa at the same time. He was advised by some empiric to wash his eyes with his urine. He did so, and violent purulent ophthalmia ensued, which destroyed the sight of both his eyes.

I make the above remarks with the view only of calling the attention of the profession to the subject of gonorrhœal ophthalmia, a disease of more frequent occurrence, perhaps, than is generally imagined. I once attended a child, only a few days old, with a violent purulent ophthalmia. One of its eyes swelled much, protruded from the orbit, and burst. The child died soon afterwards. The mother was strongly suspected of gonorrhœa.

GAMMA.

August 18, 1835.

#### EFFECT OF ALCOHOL UPON THE LIVER.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—In a recent No. of the Journal I noticed some remarks on that important fact in medico-legal investigation—the preservative power of arsenic on the membranes of the stomach and bowels. It called to mind a case (how far it may be considered an analogous one, I am not prepared to say) of remarkable preservation of the liver in an intemperate subject. The facts I have from an eye witness, Colonel W., a gentleman of that intelligence and close observation which render the facts unquestionable.

Mr. B., upwards of sixty years of age, and habitually intemperate, was attacked with the spotted fever, so called, at the time of its dreadful

prevalence in our Northern States some twenty years since. He survived this attack, but in about six months died of phthisis pulmonalis, and was buried in the usual manner in the cemetery of the Episcopal church in F., and stones erected.

During the year 1833, Colonel W., with several of his neighbors, disinterred this body (with several other bodies), and removed it to another part of the ground, in order to make a site for a building for the use of the church. Nothing unusual was observed in these mouldered remains, except in those of the body of Mr. B., and here the liver formed a striking exception. While every other part of the body was in that state of decay which would naturally be expected from the long time that had elapsed, the liver remained not only entire, but (to use my informant's own words) when cut into, looked like the liver of a hog.

In reference to this case, a question arises—Does the habitual use of alcoholic liquor, as a drink, have such an effect on the liver? Will the pages of the Journal touch upon this subject by way of elucidation?

*Oswego Co. N. Y. Sept. 1835.*

INQUIRER.

#### REMEDY FOR RINGWORM.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—I, too, would throw in my mite in answer to “an inquiry concerning the method of cure in ringworm.” I will join with your correspondent W. W. and say that I also like such inquiries, because “replies to them may have a tendency to relieve humanity of a thousand ills.” I have lately witnessed the cure of a ringworm, situated near the canthus of the eye, by the application of Apple Brandy, or, as it is generally called in New England, Cider Brandy, saturated *fully* with camphor. Corrosive sublimate (4 gr.), associated with the yolk of an egg, has effected a cure; and so has the nitric acid ointment, and spirits of turpentine. But so long as the pathology of this herpetic complaint is so imperfectly understood, how can we propose any method of cure that will be *radical* in every instance, or that deserves to be called an *universal remedy*? For the purpose of eliciting remarks upon this subject, I would propose the following queries:—Does ringworm arise in any degree from the state of the circulation? Is it owing to obstruction in the capillaries of the skin? Why does it assume an annular shape? In fine, is it a self-limited disorder of the capillaries? H. F.

*Longwood, Va. Sept. 13, 1835.*

#### COMPOUND EXTRACT OF SARSAPARILLA.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—A subscriber wishes to inquire, through the medium of your Journal, what the composition of Mander, Weaver & Co.'s *Compound Extract of Sarsaparilla* is, and what the formula of its preparation. The reason for these inquiries is, that the sensible and medicinal properties and effects are nearly as various as the different parcels of the article—being neither uniform in properties nor power.

Cannot this article be prepared in this country, in such a manner that physicians may safely depend upon its uniform strength? I hope some of the apothecaries in Boston will furnish it in a solid form, that will uniformly possess all the medicinal properties, without any foreign admixture.

*Kennebunk, Me. September, 1835.*

## BOSTON MEDICAL AND SURGICAL JOURNAL

BOSTON, SEPTEMBER 23, 1835.

### GOOD'S STUDY OF MEDICINE.\*

WHEN we commenced an examination of this new and greatly improved sixth American edition of the late Dr. Good's Study of Medicine, it was with a view to pointing out its particular excellences; but the voluminousness of the original text, to which Dr. Doane has added a vast number of practical notes, renders it almost impossible to present our readers a regularly constructed review, within the boundaries to which we are necessarily circumscribed. The value of this indestructible monument of the author's industry, learning, and acute discrimination, no one will presume to question: few men have exhibited the tangible evidences of such a vast amount of important information, or been more laborious and indefatigable, than Dr. John Mason Good, whose death left a void in medicine and philosophy, which no rising genius in England has since been able to fill. From the papers which he left, and which were intended to have been incorporated with what had been already given to the world, Dr. Samuel Cooper, of London, a name familiarly known in the annals of surgery, produced a book of rare worth to the profession. This was the basis of the volumes under consideration. The American editor has departed from the common method in this country, of citing authorities. Instead of making draughts on the opinions of men in Europe, exclusively, and therefore almost unknown to us on this side of the Atlantic, Dr. Doane makes constant reference to the reports and experience of physicians in the United States. This gives it the right character—and upon this circumstance, more than any other, will the success of the edition depend.

It is really gratifying to observe that native authors are beginning to look into the pages of Medical Journals for references. No one can produce an acceptable treatise on therapeutics, or better the condition of those of transatlantic origin, without constant reliance on the treasures contained in our medical periodicals. Dr. Doane has drawn copiously from them, and at the same time has had the justice to give ample credit where it was due.

Prefatory to the main body of matter, is inserted a history of medicine, from its origin to the commencement of the nineteenth century, by J. Bostock, M.D. F.R.S. on which the mead of praise has long since been bestowed. By its union with the present edition of Dr. Good,

\* The Study of Medicine. By John Mason Good, M.D. &c. Improved by Samuel Cooper, Professor of Surgery in the University of London, &c. With Notes, by A. Sidney Doane, A.M. M.D. In two Volumes. New York: published by Harper & Brothers. 1836.

there is a complete embodying of all that pertains to the science, in an elegant, compact and convenient form.

With regard to typographical execution, we have rarely seen a better specimen. If the Harpers, who seem to be turning their attention to medical books, are always as careful to consult the expectations of the profession in respect to the quality of materials and price, they may reasonably calculate upon becoming as distinguished in this line of publication, as they already are in general literature.

Having been very favorably impressed, after a thorough investigation of the pages to which these remarks apply, we can cheerfully recommend this valuable edition to the respectful notice and patronage of our friends.

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#### NEW HYDROSTATIC BED.

MR. ISRAEL MARTIN, who has heretofore had honorable mention in this Journal for his ingenious contrivances for meliorating the condition of invalids, has invented an improved hydrostatic bed, far superior to any we have seen. The India rubber sack is tacked upon a light frame, which may be laid on a common sacken bedstead or hospital bed, filled with water, a solution of salt in water (brine)—or spirit, as some physicians in this region prefer. This invention is certainly particularly worthy the attention of surgeons and hospital practitioners. The cost of the article is from sixteen to twenty dollars, according to size and workmanship.

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#### CASE OF LIMOSIS EXPERS.

THE last No. of the N. A. Archives contains an interesting case of abstinence from food, in the person of a young lady aged 21, who has been affected with chlorosis since the age of puberty. Together with the other usual symptoms of this disease, the patient has been afflicted with an extreme irritability of the stomach, which caused every article of food she attempted to take, to be ejected before it reached the cardiac orifice, accompanied with much watery fluid. The endermic use of the sulphate of morphine over the epigastric region, gave relief so far that the stomach could retain medicines. By the use of a preparation of mercury, the obstinate constipation was relieved, and the secretions were restored, which state of things continued for several weeks. The spinal irritation, which had also been present, was removed by the ung. canthar. and ung. antim. tart. and hopes were entertained that in the observance of dietetic rules, and the enjoyment of pure country air and exercise, health would speedily be restored. The digestive powers were never, however, more than partially re-established. A mercurial impression on the system has been several times required, as it is only at the periods immediately succeeding ptyalism, that her stomach, during the last two years, has been able to retain solid food. Medicines were generally retained, but solids and fluids as generally rejected. "Great uneasiness, and frequently excruciating agony, followed the introduction of all ingesta save what was purely liquid." She has been a stranger to the sensation of hunger during the time mentioned, and nothing but urgent solicitation has induced her, sometimes during eight or ten weeks, to swallow anything but tea sweetened with sugar; and yet the fluid ejected from her stomach has very frequently exceeded in quantity that taken. Occasionally the stomach regains, for a time, its healthful function, so that she can partake of fruits, and even radishes and cucumbers, with impunity. During all this

suffering, it has only been at short intervals that the patient has been confined to her bed. She is now capable of walking a considerable distance and attending to domestic avocations, and even the apparent glow of health often animates her countenance.

On interrogating particularly the intelligent parents of the young lady, Dr. F. ascertained, 1st, that 28 months have elapsed since the habit of fasting was first contracted. 2d, that nine or ten weeks is the longest period that has passed in which nothing was taken but tea and water; six or seven weeks, frequently;—and that during the last two years, she has not eaten more than half a pound of animal food, nor more than a baker's common-sized loaf of bread—tea, sweetened with sugar, having been her principal nourishment. 3d, that as pure water does not agree with her stomach, she has seldom made use of it. 4th, that very often a single cup of tea, and this too rejected instantaneously, would constitute her daily allowance for a succession of days. It is also stated that for many months of this time, she scarcely slept two hours out of every twenty-four. The different kinds of imported tea, as well as various indigenous kinds, particularly the flowers of sassafras, have been used. Coffee, chocolate, or porter, were instantly rejected.

Dr. F. has collected many interesting cases of long-continued fasting, which he has appended to the above, and which we may hereafter transfer to our pages.

#### MEDICAL GRADUATES IN HARVARD UNIVERSITY IN 1835.

ANDREW ALEXANDER—*On Asphyxia.*

Francis Clarke—*On the Blood.*

John James De Wolf, A.B.—*On Phthisis Pulmonalis.*

Joseph Farnum, Jr. A.B.—*On the Numerical System of Louis.*

John Lawrence Fox, A.B.—*On Intermittent Fever.*

Lewis Joseph Glover, A.M.—*On Smallpox.*

John Hathaway Gushee—*On Hydrothorax.*

Estes Howe, A.M.—*On Pleurisy.*

William Pitkin Huntington, A.B.—*On the Moral Aspects of Medicine.*

Solomon Keep—*On Continued Fever.*

Ezekiel Walter Leach, A.B.—*On the Influence of Climate on Man.*

Stephen Augustus Paine, A.M.—*On the Eur.*

Stephen Salisbury, A.M.—*On Erysipelas.*

George Cheyne Shattuck, A.M.—*On the Nerves of the Thorax and Abdomen.*

Albert Thorndike Smith—*On Gangrene.*

Charles Talbot—*On Croup.*

John Howe Trowbridge—*On Apoplexy.*

Warren Jacob Whitney, A.B.—*On Hydrocephalus.*

James Wilde, A.B.—*On Diseases of the Hepatic System.*

*Native Medicinal Leech.*—It has been announced in the papers that Dr. Finlayson, of Glengary, U. C. avers that the true medicinal leech has been found in the brooks of that province, and that he has tested their quality. If the doctor really believes this, he could not do us a greater favor than to forward specimens to our address, in order that they may be presented to a committee of the Massachusetts Medical Society, now making researches upon the subject of the propagation of the leech in this country.

**Death from an Over Dose of Medicine.**—In these anti-mercurial days, the following notice, taken from one of the daily prints, will naturally excite some attention. We are curious to learn what may be considered the exact proportion of the drugs referred to, so as to ensure “the counteracting influence of the cathartic.” Will any medical gentleman, who may be acquainted with the particular circumstances of the case, favor us with farther information?

“Died, on the 5th inst. in Barnstable, Mr. Francis A. Davis, aged 23. This estimable young man’s death was occasioned by taking a large powder of calomel and jalap, in which the proportion of the former was too great for the counteracting influence of the cathartic. The powder, with other medicines, was prepared for Mr. D. by a druggist in New York, previous to his sailing from that city on a voyage to Europe, more than a year since, and was taken by him early on Friday morning, without the advice of a physician, he having been somewhat unwell for a few days previous. After suffering severely for about twenty-four hours, death ensued.”

**Specific for Ringworm.**—On the authority of an eminent practitioner, the following remedy for ringworm has been given. Moisten the diseased surface frequently with the common cranberry juice, and it is said the disease is very speedily overcome. If, in the sequel, this simple application is found really a specific, the discoverer is deserving a gold medal.

**Conviction of Prescott.**—In the 23d No. of the 11th Vol. of the Journal, an abstract was given of the medical evidence on the trial of Abraham Prescott, of Pembroke, N. H. for the murder of Mrs. Cochran. It will be recollected that the verdict of “guilty” was set aside by the Court, and a new trial granted. This trial has just terminated, and the prisoner again pronounced guilty. Our friends from the Worcester, Pepperell and Charlestown asylums were again called upon, and their evidence on the subject of insanity is spoken of as being interesting and important.

**Smallpox in the Indian Archipelago.**—In the journal of Mess. Munson and Lyman, whose lives were wantonly sacrificed the last season by savages, they record the melancholy ravages of the smallpox among those distant islands. When first taken, the natives drink a decoction of a cooling plant, till the pustules make their appearance. The patient then bathes in cold water, frequently, for three days. If this does not mitigate the intensity of the patient’s suffering, they then make a sacrifice to Satan. No mention is made of vaccination, which is probably unknown to the poor and destitute sufferers.

**TO CORRESPONDENTS.**—The Communication on the Remedial Powers of the *Ceanothus Americanus* will have an early insertion.

**DIED.**—At Wallingford, Ct. Dr. Amos G. Hull, inventor of the Patent Hinge Truss, aged 60.—In Maryland, Dr. Hyde Ray, surgeon U. S. Navy.

Whole number of deaths in Boston for the week ending Sept. 19, 40. Males, 23—Females, 17.  
Of whooping cough, 2—lung fever, 1—hanged, 1—cholera infantum, 2—palsy, 1—infantile, 1—canker of the bowels, 1—inflammation of the bowels, 1—bilious fever, 1—typhoid fever, 4—dysentery, 4—convulsions, 1—child-bed, 2—intemperance, 2—cholera morbus, 1—measles, 5—consumption, 3—scrofula, 1—smallpox, 1—suicide, 1—accidental, 1—apoplexy, 1—teething, 1.

## A STAND FOR A PHYSICIAN.

A PHYSICIAN in the State of Maine, in a pleasantly situated, small, flourishing village, about 25 miles from Portland, wishes to dispose of his stand. Being a very eligible stand, and affording abundant practice, it offers a good opportunity for a physician to establish himself. For further particulars, apply to the Editor of the Journal; if by mail, post-paid. Sept 23—3m

## MEDICAL SCHOOL IN BOSTON.

THE MEDICAL FACULTY of Harvard University announce to the public, that the Lectures will begin on the first Wednesday in November, and continue thirteen weeks, after which time the regular course will be considered as terminated. But for the following four weeks, the Hospital and the Dissecting room will be kept open, and some Lectures will be given, without additional expense, to such students as may choose to remain.

The following Courses of Lectures will be delivered to the class of the ensuing season:

	by		Fee
<i>Anatomy, and the Operations of Surgery,</i>	JOHN C. WARREN, M.D.		\$15
<i>Chemistry,</i>	JOHN W. WEBSTER, M.D.		15
<i>Midwifery and Medical Jurisprudence,</i>	WALTER CHANNING, M.D.		10
<i>Materia Medica,</i>	JACOB BIGELOW, M.D.		10
<i>Principles of Surgery and Clinical Surgery,</i>	GEORGE HAYWARD, M.D.		10
<i>Theory and Practice of Physic, and Clinical Medicine,</i>	JAMES JACKSON, M.D. and JOHN WARE, M.D.		15

By an additional act of the Legislature of Massachusetts, the opportunities for the study of Practical Anatomy are now placed upon the most liberal footing. While the violation of sepulchres is prevented, it is anticipated that an ample supply of subjects for the wants of science, will be legally provided at a small expense.

The Massachusetts General Hospital is open without fee to Students attending the Lectures of the physicians and surgeons. This Institution contains about sixty beds, which are, most of the time, occupied by patients who are subjects partly of medical, and partly of surgical treatment. Clinical Lectures are given several times in each week, and surgical operations are frequent. The number of surgical operations during the last five years has averaged about seventy in each year.

To the Medical College is attached a Medical Library, a costly and extensive Chemical Apparatus, and Collections illustrative of Midwifery, Materia Medica, and Healthy and Morbid Anatomy.

Boston, June 12, 1835.

June 21—TNI.

WALTER CHANNING, Dean.

## VACCINE VIRUS.

PHYSICIANS in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—inclusing one dollar. Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless some other mode of conveyance is directed. Ten charged quills, an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely packed in a letter. The gentleman who has undertaken to keep the virus, will faithfully supply that which is positively genuine and recently taken. It will also be furnished on application at the Medical Journal office.

Boston, March 4, 1834.

## MEDICAL INSTITUTION OF YALE COLLEGE.

THE annual Course of Lectures in this Institution will commence on Thursday, Nov. 5, 1835, and will continue seventeen weeks. There are at least five lectures daily throughout the term, and a part of the time six. The several branches are taught as follows, viz.:

- Principles and Practice of Surgery, by THOMAS HUBBARD, M.D.
- Theory and Practice of Medicine, by ELI IVER, M.D.
- Chemistry and Pharmacy, by B. SILLIMAN, M.D.
- Materia Medica and Therapeutics, by WILLIAM TOLLY, M.D.
- Anatomy and Physiology, by J. KNIGHT, M.D.
- Obstetrics, by TIMOTHY P. BEERS, M.D.

The fee for each of the first five branches is \$12.50, and for the last \$6.00, which, together with a matriculation fee of \$5.00 and a contingent bill of \$2.50, are to be paid in advance. The graduation fee is \$15.

Since the last term, extensive alterations have been made in the College buildings;—those parts of it especially which are appropriated to anatomical purposes, have been made more extensive and commodious, and every facility will be afforded to those who wish to pursue the study of anatomy.

The price of board, lodging, &c. in New Haven, is from \$2 to \$3 a week, and other necessary articles in proportion. (Sept. 3—ep6w.)

## PHILOSOPHICAL AND ASTRONOMICAL APPARATUS.

N. B. CHAMBERLAIN, No. 9 School St. Boston, manufactures Philosophical, Astronomical, Pneumatic, Hydromatic, and Electrical Apparatus, Mechanical Powers, &c. of beautiful workmanship, designed for Lecture Rooms and public instruction in Schools, Academies and Colleges. Portable models of the Steam Engine, put in motion by a spirit lamp, afforded at a very reasonable rate, can be obtained at any time, by addressing the advertiser by mail.

Boston, February 4, 1835.

optf.

JOHN S. BARTLETT, M.D. M.M.S.S., late of Marblehead, has removed to this city, and may be found at the house of Thomas Murphy, Esq. No. 23 Atkinson Street.

Boston, August 12, 1835.

tf.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, post-paid. J. V. C. SMITH, M.D. Editor. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy, gratis.—Postage the same as for a newspaper.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XIII.]

WEDNESDAY, SEPTEMBER 30, 1835.

[NO. 8.

## THE CRUSTA GENU EQUINÆ IN EPILEPSY.

ON THE CRUSTA GENU EQUINÆ (SWEAT OR KNEE SCAB, MOCK OR ENCIRCLED HOOF KNEES, HANGERS, DEW CLAWS, NIGHT EYES, OR HORSE CRUST), IN EPILEPSY.

BY JOHN P. NETTAUER, M.D. OF PRINCE EDWARD CO., VA.

IN communicating to the medical public our experience with a new medicinal agent, the wish to abridge human suffering in a most afflictive disease, and not to swell the catalogue of remedies, already too extensive, has been the governing motive.

We do not appear before our brethren as *innovators*, but as fellow laborers ; tendering to the common stock the fruits of our little experience with an article, which, although confessedly new to most of the profession, has, nevertheless, been long and familiarly known to us.

The grounds upon which this new agent rests, for at least a favorable consideration of its claims upon the profession are, its successful employment in the cure of some forty or fifty well-marked cases of epilepsy.

The substance designated by the several appellations at the head of this article, is furnished by the horse ; four oval secreting surfaces, situated on the inner aspects of the extremities, near the knees, are the parts of the animal from which it is obtained. The secretion is poured out so gradually, and in such small quantities at a time, as not to be observed in its fluid, or even semi-fluid states. The crust is of variable color, as well as density ; its exterior is always of a lighter appearance, and harder than the interior, which is dark and soft ; it is of a lamellated and fibrous texture, and when broken, resembles dark, soft horn ; its odor is very penetrating, diffusible, and peculiar ; it is deciduous, and separates gradually two or three times during the year ; when prematurely or forcibly removed, the surface from which it is taken sometimes bleeds a little, inflames, and becomes tender and sore.

Our investigations in relation to the peculiar function of the surfaces, or the offices they subserve in the economy of the animals themselves, do not enable us to say much, if anything on this subject. Nothing certain seems yet to have been ascertained as to their uses. Conjecture and an extremely vague and loose tradition, afford the only explanations. The surfaces have been supposed to separate and eliminate from the system, a fluid possessing many of the constituents of sweat, and loaded besides with properties peculiar to itself, which, if detained, deteriorates the health of the animal. The constant and regular discharge of this fluid has been thought necessary for the perfect health of the animal, in promoting a sound state, more especially of the extremities, after-heels,

hoofs, and legs, all of which have been supposed to become diseased in some way by obstructions of the surfaces.

Emunctories, somewhat similar, exist on the inner surfaces of the extremities of the swine, near the knees, which, if long obstructed, generally result in lameness and dragging of the posterior extremities; a secretion is continually distilling from them, which, like the crust of the horse, displays the peculiar odor or scent of the animal, more particularly observable when surprised or irritated.

As a *medicinal agent*, the crust has been long known in this part of the country. How it found its way into use as a remedy, is not certainly ascertained. It is conjectured that the coincidence of the horse being observed to bite the crust, and to pass worms from the bowels soon after, suggested it as such, and the conjecture is by no means improbable, when it is remembered that this article was first employed as a vermifuge with that animal. The fœtid odor of the crust, it would seem, might naturally have suggested the idea of its possessing remediate powers, and doubtless did indicate it as a nervine and antispasmodic, after it was supposed to possess vermifuge properties.

We have long known and employed this substance as an antispasmodic; but the merit of introducing it into regular practice, is due to Dr. Joseph Mettauer (the writer's father), who employed it in epilepsy so early as 1782 or 1783. During the last twenty-five years we have enjoyed many and satisfactory opportunities of using the crust as a remedy in epileptic convulsions.

In collecting the crust for medical purposes, it is necessary to attend carefully to its loosening tendency from time to time, or it may fall off and be lost. It may be made to separate a little sooner by gently soliciting, and occasionally by firm compression with a bandage. This should be suffered to remain on after the period of desquamation is near at hand, to prevent the accidental loss of the crust. After it is obtained, it should always be dried a short time in the shade, and then it may be kept for use in a close jar, to prevent, so far as possible, the escape of its volatile properties.

We have to regret our inability to furnish a correct, or even a tolerably satisfactory chemical analysis of the crust; from what has been ascertained, the urate of soda seems to be one of its principal constituents; we are inclined to believe that ammonia, in combination with perhaps the lithic acid, may also enter into its composition, from the peculiar compound odor which it often exhales, much resembling that emitted by common urine after standing some time.

Two forms for administration are only used—the powder and tincture. When the powder is to be used, it should always be freshly prepared, either by pounding and rubbing the dry crust in a mortar, or by grating it with a common nutmeg grater; this last process will be found (generally) most convenient, as it enables the practitioner to reduce it, at once, to a very fine and equable powder, even if the crust is imperfectly dried.

The tincture is prepared by simply digesting the broken or powdered crust in diluted alcohol, or common brandy, exposed to a gentle heat for eight or ten days, in the proportions of one part of the former to four of the latter.

The doses of the powder vary from two to twenty grains ; it may be given diffused in any liquid which the patient fancies. With young patients it is safest to begin with the minimum, and increase very gradually to the maximum doses. Should the disease yield before the largest doses are reached, no further augmentation need be made. When the tincture is employed, from 3ss. to 3iss. are its extreme doses. Diluted with water and sugared, it may be given with very little difficulty to the youngest subjects, as it is tasteless, and in a great measure inodorous. In this form, also, the doses should be very gradually increased, to prevent, as far as possible, the danger of exciting the system too much, which might result from the menstruum, should the doses be suddenly augmented.

Possessing properties perfectly analogous to the crust, and employed with the same intention, and in nearly similar doses and forms, we will mention the parings of the hoof. In some cases it has been thought more efficacious than the crust itself. We have used it frequently in the form of tincture in the proportions of one part hoof to two of spirits, with complete success. A favorable result from the use of this remedy (which we had prescribed in a case of epilepsy), has been communicated to us since commencing this essay. Extreme doses, 3j. to 3ij.

The administration of the crust should always be preceded by a purgative or aperient. This step is designed to prepare the system for the action of the remedy, which it effects by unloading the intestines of vitiated secretions ; increasing at the same time the nervous susceptibility of their mucous membranes to remediate impressions, and by determining from the head.

Aperients, or the milder purgatives, should be employed, and generally preferred in those cases of epilepsy distinguished by slight aberrations in the animal economy ; in such examples the pulse, bowels, and skin are very nearly in the condition of healthy organs ; the paroxysms are short and transitory, succeeded by little or no coma, or even drowsiness. In cases marked by symptoms of greater violence, in which a decided inflammatory or congestive character predominates, cathartics should be used ; to be varied in activity and strength, in proportion as the symptoms partake more or less of acute characters ; these are to be repeated until a decided impression is made. Cases of this latter description sometimes require V. S. also, and when this remedy is employed, blood should be always detracted from one or both of the external jugulars, if possible. Occasionally mercurials alone, or in combination with antimonials, are required.

In the first description, or milder cases of epilepsy, some preparations of rhubarb, or rhubarb itself, should be preferred. In the more violent cases, a combination of aloes, scammony, and jalap, has generally been found most suitable ; of each from two to five grains. Calomel with tart. antim. may be added, should the biliary secretion prove very defective, in proportions of two to four grains of the former, and one-fifth to one-third of a grain of the latter. These are to be repeated daily, or once in two days, until the circulation is balanced, the encephalic congestions in a measure dislodged, and the sympathies restored. These preparatory steps having been premised, the crust may be commenced with.

The form or preparation is to be determined by the peculiarities of constitutions, or the complications which modify the disease. Should the case occur in a constitution displaying a highly wrought sanguineous development, the crust in simple powder will be most applicable, and should be preferred.

It will be safest to begin with the remedy at night, and as soon after the disturbances of the preceding paroxysms have subsided as possible. When given at night for the first time, it is more certainly retained by the stomach, and patients, too, are less averse at this period of the day to the taking of an offensive remedy, very probably because the gastric organ is rendered less fastidious by the action of food and drinks upon it during the day.

With young subjects from six to eight years of age, two grains will, in a majority of cases, constitute the commencing dose. We have never used it with patients younger than six years, or older than thirty. Older patients, say from eight to twelve, or fifteen years of age, will bear four or five grains, or even larger doses in the commencement, and with such it may be more suddenly increased to the maximum doses, without gastric disturbances. The remedy rarely offends the stomach when the foregoing precautions are properly attended to; on the contrary, it seems rather to compose and tranquillize this organ. Three doses, in a majority of cases, are as many as will be required in the twenty-four hours. Should cases occur marked by convulsions of unusual violence, with frequent paroxysms, it may be given oftener. From many trials with this article, it has not been perceived that there is much diversity of effect when employed in large or medium doses with young subjects.

Cases requiring the tincture, differ from those already noticed, chiefly on account of the more strongly marked lymphatic developments, with which they are associated; in such examples of epilepsy, a decided hydropic diathesis not unfrequently obtains; the adipose textures generally, but more especially of the skin, are disposed to bloat a little, with universal pallidness and reduced temperature; the secretions from the skin, bowels and kidneys, are generally defective; the pulse is occasionally slow, feeble, and soft, but more frequently it is preternaturally active and corded, from the nervous mobility generally attendant upon imperfect sanguification; such patients are nearly always languid and sluggish, and often require diffusible stimuli to rouse the enfeebled energies, both of body and mind, to something like a comfortable state of excitation; with such subjects, the approach of the paroxysm is more gradual, and may, in many instances, be foreseen for hours, and sometimes days. To this complication of epilepsy, the tincture is most happily adapted, as it presents the remedy in the form best calculated to act promptly, as well as to meet the several indications of cure. It should (as advised with regard to the crust in substance) always be commenced with at night, and in the minimum doses; from 3ss. to ʒiiss. may be given, properly diluted, three or four times during the day. Being less permanent in its effects, the tincture should be given more frequently than the crust in substance, especially if the symptoms are urgent; these doses may be repeated with safety as often as once in three or four hours.

Occasionally in this form or complication of epilepsy, it becomes

necessary to employ tonics, either mineral or vegetable, or perhaps both, before the tincture (or powder) can be given with the least benefit. By invigorating the organic tone, upon which the normal functional actions materially depend (especially of the digesto-nutritive systems), our agent is enabled the more effectually to produce its specific remediate excitation. That debility exists in these cases, may be inferred from the general anæmial aspect of such patients, as well as from the marked benefits following the use of tonics. It is an observation worth remembering (the truth of which has been often verified in the course of our practice), that nervines rarely benefit when the organic tone is greatly depressed; like mercurials, they are more certainly remediate, under certain circumstances of energy of the organic vitality; depressed (or exalted), inordinately, both fail of their remediate effects.

Should costiveness supervene (which will be often the case), a combination of scammony, aloes, and rhubarb is to be used, in doses of from two to four grains of scammony, about the same proportion of aloes, and from four to eight grains of rhubarb, made into pills. This compound should be given at night, and the doses so managed as to elicit only one or two evacuations, the design not being to purge freely. In restoring the solubility of the bowels, we know of no combination so well suited to such cases as the one just recommended; its action is gentle, but effective, particularly in eliciting the biliary secretion, upon which circumstance the peristaltic movements of the intestines are mainly dependent.

The crusta, administered in either of its forms, should be suspended during the employment of aperients or cathartics; and should not be resumed, until, at least, the active cathartic movements subside. To correct the acidity which is occasionally present in this form of epilepsy, it has been found necessary to employ alkaline absorbents; and for this purpose a weak lixivium of hickory, or grape-vine ashes, has seemed to answer best: it should be prepared by mixing one heaping tablespoonful of the ashes in a quart of water; of the clear liquid, from 3ss. to 3j. may be taken two or three times daily, after eating, or as often as may be found necessary, without irritating the bowels, which it will sometimes do if continued too long.

In both modifications of the disease, the diet should be particularly attended to during the whole course of the treatment, and indeed for some time after the cure may be supposed to have been effected. In the sanguineous variety it should be decidedly abstemious; animal or oily substances are to be inhibited: cooked farinaceous articles; some of the soft pulpy fruits; molasses; and occasionally, thin animal broths will be found most suitable; very little food of any kind should be taken into the stomach after 2 o'clock, P. M. The epileptic patient should always retire to bed with the stomach nearly empty.

In the lymphatic complication, some latitude in diet may be allowed; that is, animal substances, moderately coagulated, and of a purely muscular character, may (after the bowels are *regulated*) be used in small quantities; should acidity abound, or a tendency to it in the stomach be discovered, the use of animal food is not only allowable, but particularly applicable.

As auxiliary means in the cure, the earliest attention should be given to

uniformity of temperature ; the skin should be well protected against the unequal action of cold, during every stage of the treatment, and for this purpose the wearing of flannel next the skin should be directed. Thus protected, under all circumstances of climate and exposure, the individual may (as it is requisite he should do) indulge in moderate exercise, and even pursue many of his ordinary avocations, with comparative safety. This suggestion will not be regarded as supererogatory, when it is recollected that epileptic attacks often originate in a want or neglect of comfortable clothing ; and every practitioner much conversant with the disease must have witnessed relapses from exposure to the causes of catarrh.

The remedy which we have been considering should be discontinued or suspended upon the accession, and during the continuance of any new or acute diseases ; and when resumed should be commenced with, in medium doses.

Employed in either of its forms, the crust should be continued perseveringly, until a cure is effected, or a satisfactory trial of its powers has been made. In no disease which "flesh is heir to," is it more important to inculcate patience during treatment than in epilepsy, and the failures of medical practitioners in contending with it, are to be attributed to the disregard of this admonition, rather than to the incurable nature of the disease ; we might mention, also, a want of confidence in remedies, among medical men, as an obstacle in the way of satisfactory trials. In every successful case our remedy should be continued some time after the convulsions have ceased to return ; the patient cannot be considered cured until the general health too is restored, even if the convulsions have long subsided.

It is not pretended that the crust will prove remediate in every case of epilepsy, nor even in all such examples as are idiopathic ; some of these may be so strongly engrafted upon the system, from long continuance of the disease, as to have become completely constitutional and fixed, and necessarily irremediable. In the cases connected with organic lesions of the skull or brain (could they possibly be distinguished), we should never advise the crust ; but as it must be confessed that such cases cannot be discriminated, it will be safest in every instance to give the remedy a fair trial (more especially as it is not likely to aggravate the incurable cases), and such has uniformly been our custom.

In obstinate cases the crust should be continued for more than a year before it is to be discarded, or the case abandoned as incurable ; both forms should always be employed and used alternately.

The crust in form of tincture is also a valuable nervine and antispasmodic in hysteric convulsions, and indeed in hysteria generally. In that variety, connected with or proceeding from uterine irregularities incident to sterile married (or unmarried) females, it will be particularly serviceable ; with such the paroxysms most strikingly resemble epilepsy.

The singular efficacy of the crust in the treatment of epilepsy, its mild and peculiar qualities, taken in connection with the violent characters of the disease, have suggested the following pathological views and rationale of the action of the crust.

Epilepsy originates generally in infancy, and is to be esteemed rather

a state of quiescent, than active disease, in which all the essential properties exist, the convulsions only marking that stage which should be regarded as its most active, or the spasmodic stage.

In the quiescent, as well as the actively spasmodic stages, irritation seems to obtain, and doubtless constitutes the pathological condition of the textures involved ; it is not only the primary pathological condition of the tissue, but exists in different degrees in every stage of epilepsy, from the quiescent to the convulsive, and it is from this also that the morbid susceptibility results ; it originates primarily in, and is chiefly confined to, the sentient extremities of the gastro-intestinal and encephalic nerves, in their motory relations with the muscles ; it may result from, or be connected with, certain congenital organizations, peculiar to large heads, with or without precocity of intellect ; or gastro-intestinal irritation, from the presence of worms, crudities, &c. or from dentition, or possibly all may be present and necessary to complete the epileptic liability. That a remarkable irritative excitability of mind and body, can be distinguished in a large majority of epileptics, both before and after the convulsions, will be conceded by all who are conversant with the disease. This irritation may also be the cause of those extraordinary developments of the brain and intellectual faculties in infancy and childhood. Once impressed, it is kept up and perpetuated by the numerous and diversified irritating causes incessantly acting upon infantile systems, and occurring while the textures are unfolding and organizing their respective vitalities ; it may in some degree become incorporated with the structures themselves, as one of their properties.

Instituted in either of the nervous extremities, the irritation (or convulsive susceptibility) is extended to the other, thus completing the epileptic liability, or the passive stage of the disease. Why the irritation of the passive stage invites, and subjects the system to active spasmodic movements, cannot be satisfactorily explained, unless we are permitted to suppose that the peculiar or motive nervous tissue in which it originates, and the excitation from which it seems to result, may impart to it this character or tendency. Originating in the nerves, the convulsive movements are extended to the muscles by the operation of new or irritating causes.

The epileptic susceptibility in a majority of cases, is first to be traced in the nerves of the gastro-intestinal mucous membranes ; and is manifested by the early and frequent production of convulsions from ingesta, crudities, worms, &c.

As the intellectual organizations become more fully developed, the susceptibility may also be perceived in them, and now it is that mental and moral causes may become the instruments of epileptic convulsions.

According to the foregoing views, epilepsy consists of two stages, the passive (or what has generally been regarded the predisposing), and the active, or convulsive, stages ; they differ only in the degrees of violence and extent of the irritation, which is to be regarded as a unit. In the passive stage, the irritation seems to be confined chiefly to the sentient extremity, while the intermediate prolongations of the nerves are only invaded by a less degree, or the predisposing irritation ; in the convulsive, all the organs and textures usually involved are equally irritated and

excited. "Convulsions are not the disease, they are only symptoms of disease." In epilepsy they are not to be regarded as the disease itself, but the convulsive stage of it.

From the numerous post obit reports of cerebral lesions and morbid appearances connected with epilepsy, it is not by any means established that the disease results from such local affections. Esquiroi himself, although enjoying the most favorable opportunities for investigating the subject, has not been willing to refer the disease to an appreciable or definite cause, or to deduce the pathological conditions of the structures from the records of morbid anatomy. Lesions without epilepsy, similar to those met with in epileptic bodies, have been discovered in the brain, according to the researches and reports of Wepfer and Lorey, from which it may fairly be inferred that they are not invariable concomitants, as cause and effect. Such lesions are to be regarded "rather as the consequences of epilepsy than its causes." Our conviction is, that convulsive irritation of the sentient extremities, as well as the intermediate prolongations of the gastro-intestinal and encephalic nerves in their motive relations, generally induced by the action of occasional irritants upon the infantile constitution, is the essential pathological condition upon which epilepsy depends, in a very large majority, if not in all of the cases.

The action of the crust in arresting and curing epileptic irritation, doubtless commences in the sentient extremities of the nerves of the gastro-intestinal mucous membranes; the remediate excitation it induces, differs essentially from irritation; it is the action of a nervine stimulant, exciting the irritated organism equally and pleasantly; the remedy may be regarded as a nervine roborant; the action is also antispasmodic, and approximates in its nature to the movements of health; and if the remedy be continued, it generally becomes the predominant excitation. Being the predominant action in the sentient extremities of the gastro-intestinal nerves, the brain is soon brought into sympathy, which reflecting back upon these textures, a corresponding action not only fixes it in them as determined and established, but also in every other similar texture. In this, as in all other cases of remediate medication, the action begins in the part to which the agent is first applied, and the brain reflecting it back upon the organs first excited, or such others as may stand more particularly related to it, by natural or acquired sympathetic ties, determines and fixes the location of it. The primary excitations and the textures, whether in the establishment of diseased, remediate, or healthy actions, determine their character, while the brain fixes their locations. Morbid excitations do not always continue in their primary seats, but are directed and determined occasionally by the brain to other parts which chance to be more strongly predisposed, and consequently more intimately connected with, and influenced by it. Remediate impressions are also liable to a similar transfer, and cases have occurred in which such excitations have been determined and translated to the primary seats of irritation, greatly to the aggravation of the disease.

The action thus set up by the operation of the crust, and continued by re-applications of the remedy, becomes more and more firmly fixed and established by the associations which it is continually and progressively forming in the system; at length becoming predominant, it merges,



or is lost in the actions of health. In this way we would explain the operation of remedies generally ; when failures result, remediate agents either have not been appropriately selected, or regularly and faithfully employed, or the primary irritation has been of such a violent nature, or so firmly engrafted in the textures and organs, as to be immovable, and consequently irremediable, under any system or course of medication.\*

## OPHTHALMOLOGY IN GERMANY.

From the report of the Ophthalmological Clinique at the School of Wiener, during the session of 1832—3, by Dr. Rosas, we gather some interesting particulars in regard to diseases of the eye, and their treatment, in one of the best schools in Germany.

The number of patients treated in the course of the year, comprised in the report, amounted to 1067, of whom 153 were permanent patients, and the rest, 914, were dispensary patients. Of the permanent patients, 92 were males, and 61 were females. The periods of life comprehending the greatest number of patients, were the ages ranging from 10 to 20 years, and from 20 to 30. The forms of disease may be distinguished under the following heads :—

Erysipelas of the lids	- - -	2	Inflammation of the globe of the eye	30
Ptylosis	- - - - -	2	Erythismus of the eye	1
Encysted abscess	- - - - -	1	Gutta serena	13
Ulceration of the lids	- - - - -	2	Hydrops oculi	1
Entropium	- - - - -	1	Closure of the pupil	5
Inflammation of the edges of the lids	- - - - -	2	Wound of the cornea	1
Coloboma	- - - - -	1	Cataract	42
Conjunctivitis	- - - - -	23	Staphyloma cornea	8
Trachoma	- - - - -	1	Exophthalmia	2
Inflammation of the lachrymal gland	- - - - -	1	Medullary fungus of the retina	1
Abscess of the lachrymal sac	- - - - -	1		

The *ulcers in the substance of the eyelids* were both of a syphilitic nature. In the first case, a cure was obtained in a short time by the use of calomel internally, and of a lotion containing one grain of corrosive sublimate in 11 oz. of water. The other had destroyed half the lid, and was complicated with similar ulcers in the cornea and throat ; here also the disease was cured by the internal administration of corrosive sublimate, and a wash composed of 1½ gr. of sublimate, to 3 oz. of water and half a scruple of tincture of opium.

An *entropium of both lids*, in a female 34 years of age, was cured by touching the relaxed tissues of the lids with concentrated sulphuric acid, in a line parallel to its edge.

The *inflammations of the conjunctiva* which presented themselves may be distinguished thus :—catarrhal, 5 ; catarrho-rheumatic, 10 ; varioloid, 1 ; morbillous, 1 ; and scrofulous, 6. They did not present anything worthy of remark.

\* The above article was published in the August No. of the American Journal of the Medical Sciences. It is republished in this Journal, by request of the author, on account of several important typographical errors which escaped the notice of the respected editor of our contemporary periodical.

A  *fistula lachrymalis*  on both sides, of scrofulous origin, occurred in a patient of sixteen years of age. At the commencement some leeches were applied to the nose, and the patient inhaled some emollient vapors, and was well purged. The red precipitate ointment was then rubbed twice a day on the inner angle of the eye, and a few grains of calomel were given every day, and revulsives were applied to the neck. The contents of the sac were washed out frequently every day, and the disease was cured within three months, without its being necessary to have recourse to any mechanical means.

The  *rheumatic ophthalmia*  were treated by repeated leeching, mercurial frictions, revulsives to the neck, and calomel given internally. The inflammation was generally subdued within from four to eight weeks.

In one case, where  *erethismus*  of both eyes remained, the disease was removed by the constant application of mineral magnetism. In another case of erythismus, of a scrofulous nature, a perfect cure was obtained in a short time by the use of calomel and jalap, succeeded by the employment of  *Decoc. Althææ cum Extract. Hyos.*  The  *Extract of Belladonna*  was rubbed on the eyebrow, and the  *Empl. Tart. Emet.*  was directed to the neck.

One of the cases of  *amblyopia*  presented itself in the person of a locksmith, twenty-nine years of age. The disease was of a congestive character, and produced by hard drinking. The use of leeches, saltpetre 3ss. to two drachms daily, and strict antiphlogistic diet, obtained a cure within three weeks.

A case of complete  *amaurosis* , which occurred in a tanner forty-seven years of age, is worthy of notice. For sixteen years the patient had been perfectly blind; this state was preceded by violent pain in both eyes. In the year 1832 he entered the hospital, and was so much improved by acupuncture, as to be able to distinguish light and darkness. The treatment was now interrupted for two months, on account of the vacation, and on the 11th of October the supra-orbital nerve of the right side was acupunctured. During the operation the patient perceived some sparks in the eye, and on the 11th, when it was repeated, he felt a slight shivering along the vertebral column. On the 13th the left, on the 14th the right supra-orbital, and latterly the infra-orbital nerves, were acupunctured. These were followed by sparks in the eyes and shivering along the spine. On the 17th the galvano-punctor was employed, for the first time, and four plates of Volta's pile were used. The same nerves were touched, and after four minutes the patient felt some febrile  *frisson*  sparks in the eye, and a flow of tears. On the 19th, after a similar operation on the right side, the patient began to see. On the following morning, the inner moiety of the visual field was somewhat troubled, but within ten hours this phenomenon diminished, and towards evening the patient, to his great joy, could distinguish all large objects.

On the 21st the operation was repeated on the left side for two minutes and a half; his eyes continued watery for the whole day. On the morning of the 22d, all objects were covered with a thick veil, but this soon went off, and the patient could see so clearly with both eyes as to distinguish a small silver coin. The galvano-punctor was re-applied from time to time during the months of November, December, and January. On

the 11th of February it was carried to twenty-six plates of the pile ; at this time the patient was fully able to distinguish small objects, and even their color, &c.

**Cataract** was observed in forty-two individuals, twenty-six men and sixteen females ; of these 1 was under ten years, 2 were under twenty, 1 under thirty, 3 under forty, 4 under fifty, 13 under sixty, 13 under seventy, and 5 under eighty. Twenty-eight were affected in both eyes ; seven in the right and seven in the left eye : the number of cataracts therefore in the forty-two patients was seventy. As to the causes under which the disease was developed, in many cases it arose from frequent attacks of internal ophthalmia ; in seven cases from mechanical injury ; in two from long working in a very strong light ; in one from excess of drink ; in seven from rheumatic attacks of the head ; in two from gout ; in one it was congenital ; in twelve the disease could only be attributed to old age ; two of these latter individuals were successfully operated on at the hospital some years before. In twenty-eight cases the operation was not performed, on account of various complications, &c. Forty-two cataracts were operated upon ; nine by incision of the cornea inferiorly ; two with the superior incision, and fifteen with the lateral incision ; eleven were lacerated through the cornea, two through the sclerotica, and, finally, three were depressed through the sclerotica. The accidents which occurred after these operations were, keratitis, one case (after extraction) ; iritis two (after extraction) ; ophthalmitis five (four after extraction, one after depression) ; prolapsus iritis one (after extraction).

The success of the forty-two operations was as follows :—

	Cases.	Perfect Cure.	
<b>Extraction</b> —inferior flap - - -	9 - - -	7	1 imperfect cure ; 1 lost the eye.
Ditto superior flap - - -	2 - - -	1	in other, pupil closed by lymph.
Ditto lateral flap - - -	15 - - -	14	suppuration of one eye.
<b>Laceration</b> through cornea - - -	11 - - -	8	in three absorption was imperfect.
Ditto through sclerotica - - -	2 - - -	2	
<b>Depression</b> - - - - -	3 - - -	3	one lost by suppuration.

The number of patients treated in the dispensary was 914 ; 515 men and 399 women. It is impossible for us to analyze this series, as we have done the former, but we shall notice one or two points : 1st. With respect to age, 263 were under ten years of age ; 150 were under twenty ; 170 were under thirty ; 114 under forty ; 83 under fifty ; 70 under sixty ; 34 under seventy ; 23 under eighty ; and two were under ninety.

*London Lancet.*

## REMEDIAL POWERS OF THE CEANOTHUS AMERICANUS.

[Communicated for the Boston Medical and Surgical Journal.]

**MR. EDITOR,**—I do not remember to have seen any reference made (medicinally) to the *Ceanothus Americanus* of Linnæus. Its sensible properties led me to use it in a case of aphthæ, and subsequently in other derangements of mucous surfaces, where I found it of some importance. Prof. Bigelow describes the *ceanothus* as follows. “ Leaves heart ovate, acuminate, triply nerved. Panicles axillary elongated. A small white

flowering shrub, not unfrequent in dry sandy soils. Leaves two or three inches long and one broad, finely serrate, and tapering into a long point. From the axils of the upper leaves come out leafless branches bearing crowded bunches of minute white flowers. These are followed by dry three seeded, and somewhat triangular berries. The leaves were used among other substitutes for tea during the American revolution." I might add that the dried leaves and seeds have an odor, when bottled, not unlike imported tea. It has a slight bitter, and somewhat astringent taste. I first used it in case of an old lady of 70, who had a severe thrush following typhus. The usual gargles were tried without much effect. Every 2d or 3d day a new coat of darker hue would cover the whole interior of the fauces. The mucous membrane after its discharge presented a dark florid appearance, with extreme sensibility. I had tried borax, alum, nitras argenti, vegetable astringents and tonics, as gold thread, crane's bill, hardhack, oak bark, sumach, &c. without much benefit. The ceanothus growing near, I directed a strong tea to be made of it, which acted like a charm; the thrush soon passed off, and without relapse. Since then I have used it largely in aphthæ of children, and find it highly useful in cases following dysentery maligna, as well as those of less debility and disease, even after other gargles have been ineffectually tried. During last March and April, scarlatina, attended in most cases with ulceration of the fauces, was very prevalent with us; I depended almost exclusively upon the ceanothus, with borax for a gargle, and in all but a single case of very malignant character this gargle was effectual. The form I used, and which I found best adapted for the cases as presented, was prepared by making a strong tea of the ceanothus and flowers of *Anthemis cotula*, and to a gill add a piece of borax the size of a large pea. I think the borax and Mayweed rendered it in many cases more effectual. I have also used it with benefit in form of a tea in dysentery of children, and found it fully equal in many cases to the *Speica tormentosa*. The tea I used was prepared from the leaves and seeds.

*Bloomfield, Conn. Sept. 12th, 1835.*

D. H. HUBBARD.

## BOSTON MEDICAL AND SURGICAL JOURNAL

BOSTON, SEPTEMBER 30, 1835.

### PRESERVATION OF BODIES.

To teachers of anatomy, it is matter of no ordinary concern to understand the most economical method of preserving anatomical subjects. That there is a prodigious loss in the usual routine of daily demonstrations, is familiar to every one who has attended public lectures. While a dissection is going on upon one part, another part equally valuable is totally destroyed by decomposition. When to this is added the uncertainty of a necessary supply, and the danger often apprehended of not being able to make an exhibition of everything which the student has a right to expect, a discovery like that which is about to be detailed, must be of incalculable value.

A committee of the French Academy of Medicine has been experimenting of late, with what is commonly called, in Europe, Gannal's fluid—a preparation proposed by M. Gannal for the preservation of bodies for the dissecting room—and the result of their inquiry is favorable. The mixture is formed in the following manner. Take 2 lbs. of common salt, 2 lbs. alum, 8 oz. nitre, and 40 lbs. of water. The subject to be anatomized is immersed in this. In March last, two bodies were placed in this solution, and left, says the report of the commission, exposed to the putrid exhalations in one of the dissecting rooms of the school. At the expiration of a month, they were changed externally, in appearance, only, it is inferred from the narration, but the internal tissues were sufficiently conserved to be applicable to anatomical purposes. By another experiment, a body, after having been in the liquor for some time, remained fifteen days without exhibiting any signs of putrefaction. This is a point not to be overlooked, inasmuch as it offers a remedy by counteracting a rapid tendency to decay under the circumstances alluded to in anatomical theatres.

It will be remembered that a few years ago, the scarcity of bodies was such at the University of Dublin, that serious fears were entertained that the lectures would be suspended, if some immediate provision were not especially made for sustaining the professor of anatomy. Dr. Macartney, then, as at present, in the chair, devised a composition which was so effectual in preserving portions not immediately in use, that the course of instruction was finally conducted satisfactorily to the close of the term. On a careful comparison of the ingredients of the Dublin brine, with the French liquid, they prove to be essentially the same. Both the superficial and deep-seated nerves of the arm served Dr. Macartney for public demonstration for several months, having previously been subjected to the antiseptic influences of this composition.

In this country, some gentlemen have succeeded in obtaining the same results by a still simpler, if not more economical scheme. To nine gallons of common New England rum, or whiskey, add an equal quantity of water—the whole being sufficient for covering an adult subject in a suitably constructed vessel. We have kept one or two, in this way, an entire year, and found them in most perfect condition for demonstration at the expiration of that time. The muscles were red and compact, and, on the whole, we have no recollection that any difficulty occurred in raising or dissecting the minutest fibres. With regard to the nerves, they were particularly fine and strong. Each night, however, we were careful to replace the whole in the vat, so that it is uncertain how long they might have been kept before becoming unfit for examination.

We have also made trial of pyroligneous acid, but such destruction was made of instruments by it, that, although promising well in theory, it was ultimately abandoned.

From the experience we have had in teaching anatomy, and in the consequent perplexity arising from a scarcity and sometimes unexpected decay of subjects, we have felt that the foregoing remarks might be beneficial—particularly now, as the season has arrived when the study of anatomy can be most advantageously pursued. If, however, any of our professional brethren are in possession of better or less expensive substitutes for those adverted to, they will be doing great service to science by communicating the facts to the medical public.

**Strychnine in Cholera.**—Dr. C. E. Jenkins, of London, relates his successful treatment of the malignant cholera, which is as follows :—In any stage of the disease between the first copious dejection and the collapse, he gives one-twelfth of a grain of pure strychnine, made into pills with crumbs of bread (or, where deglutition is difficult, white sugar, and in this case rubbed into the tongue). This is repeated every quarter of an hour for the first hour, and every half hour for the second and third hour, diminishing the frequency of the dose until the violent symptoms are subdued. The patient's inordinate thirst is gratified with an unlimited allowance of cold water, which is often indulged in to the extent of some gallons. The first *three*, or varying between *three* and *six* pills, are ejected. As soon as the warmth returns, and the vomiting is stayed, a basin of strong beef-tea, or half a pint of good porter (according to the habits of the patient), is allowed, the strychnine relinquished, and the sulphate of quinine administered in doses of two grains every three or four hours.

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**Apothecaries in Germany.**—In some of the German States, particularly Hesse-Cassel, the government will not permit an apothecary who has been two whole years engaged in any other employment, to resume his business without being subjected to a second examination and obtaining a new license for the practice of pharmacy. During the progress of the re-examination, some chemical preparation is required to be made, to show that the individual remembers his manipulations. The capital of Prussia, containing two hundred and fifty thousand souls, has only twenty-eight apothecaries. Nearly the same vigilant eye is kept upon this important class of men, that characterizes the system in Germany. Once every year, the retail drug stores are visited, at an unexpected moment, by a committee of magistrates and physicians, appointed by government, to examine and decide upon the genuineness of the medicines on sale. The laboratory is also minutely inspected. Every error or defect, of importance, subjects the owner to serious embarrassments. One very important regulation is this—viz. that they shall not meddle with medical practice.

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**Physicians in Prussia.**—There are said to be wealthy provinces in that country, where the ratio of physicians to the population, is only one to seven thousand : and in Bohemia, only one to sixty thousand inhabitants. Those German students of medicine who are competent to sustain the rigorous State examinations established by law, which are wholly independent of academical qualifications, engross a prodigious field of practice.

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**Missionary Physicians.**—The mission to the Sandwich Islands has requested the prudential committee to send out two physicians. Under the auspices of the Society, we believe several talented professional gentlemen have already been sent to various parts of the heathen world. This certainly bespeaks a spirit of christian benevolence and kind-hearted philanthropy, deserving the highest possible commendation.

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**Cancerous Contraction.**—The body of a young woman is said to have been lately opened at a hospital in Paris, in the intestines of which no less than 617 cherry-stones were found, confined by a cancerous contraction.

*The Royal College of Physicians, London.*—The Fellows of this celebrated institution have given great offence to some of its licentiates by the recent enactment of certain by-laws. A petition was presented to the House of Commons on the 17th of August, signed by a committee which includes the names of such men as Marshall Hall, James Copland, N. Arnott, Southwood Smith, &c., in which they complain, that, notwithstanding the original Charter of the College ordains that the Censors are to be chosen by the President and College, or commonalty, the by-laws in question depute to the Council the power of nominating the Censors, and the Fellows are constrained to ballot for those so nominated. The nomination of licentiates for the fellowship is also entrusted to the Council. They consider that the Charter is likewise infringed upon by the proposed mode of choosing the Council thus illegally entrusted with power, which is, they say, "framed on a close and narrow system of monopoly and exclusion."

*Smallpox.*—Three cases of this disease have recently appeared at Charlestown, in the neighborhood of the Bunker Hill monument, which were promptly removed to the Quarantine Hospital, which, we are sorry to remark, has scarcely been free from the smallpox a week, at any one time, for a year. Most of the patients arrive in vessels from various ports in Europe.

We were informed on Saturday, that thirteen cases also existed at Concord, N. H., and our informant mentioned two deaths. Both at Charlestown and Concord, the disease was introduced by the same individual, who journeyed from New York with a mild varioloid.—A case has likewise occurred at Attleborough, in this State.

*Mexican Remedy for Cholera.*—M. Chaniac gives the world reason to believe that he has deceived himself in supposing that he has discovered a specific for the cholera, in the guaco plant. He prescribed a decoction given in small cups, until a gentle perspiration was shown upon the skin. A statement by this gentleman, in which wonderful successes are particularized, has already been circulated.

*A Treatise on the Epidemic Cholera*, by Floyd T. Ferris, M.D. of New York, is announced as in press by the Harpers.

*Winter Retreat for those inclined to Pulmonary Consumption.*—Dr. Cartwright, of Natchez, has expressed to us the opinion, that the maritime portions of the State of Mississippi, lying below the 31st degree, and between New Orleans and Mobile, constitute one of the best retreats in the United States for persons who are threatened with pulmonary consumption. They, however, in whom the disease is established, should not leave home for that or any other place in the South, as it has appeared to him that a southern climate has rather accelerated than retarded the fate of such patients, which is very much the result of our own observation. The soil and climate of the tract of country, to which we have alluded, are described by Dr. C. as sterile, temperate, and comparatively free from humidity.—*West. Journ. of the Medical and Physical Sciences.*

**DIED**—At Walden, Orange Co. N. Y., Dr. Seth Capron, 74, a native of Rhode Island.

Whole number of deaths in Boston for the week ending Sept. 26, 51. Males, 25—Females, 31.

Of measles, 6—liver complaint, 3—infantile, 2—diphtheria, 3—erysipelas, 1—intemperance, 3—dysentery, 2—throat distemper, 1—hooping cough, 1—paralysis, 1—old age, 3—cholera infantum, 3—disease of the heart, 1—dropsy of the brain, 1—bowel complaint, 3—drowned, 1—bilious fever, 1—teething, 1—consumption, 6—diarrhoea, 1—lung fever, 2—typhous fever, 2—inflammation of the brain, 1—dropsy, 1—brain fever, 1—scarlet fever, 1.

## ADVERTISEMENTS.

### WASHINGTON MEDICAL COLLEGE OF BALTIMORE.

THE Annual course of Lectures in this Institution will commence on the last Monday of October.

JAMES H. MILLER, M.D. Professor of Anatomy, Physiology and Pathology.

SAMUEL K. JENNINGS, M.D. Prof. Materia Medica, Therapeutics, Hygiene, and Medical Jurisprudence.

WILLIAM W. HARDY, M.D. Professor Obstetrics and the Diseases of Women and Children.

JOHN C. S. MOURKIN, M.D. Professor Theory and Practice of Medicine.

JOHN P. METTAUER, M.D. Professor Surgery and Surgical Anatomy.

EDWARD FORBMAN, M.D. Lecturer on Chemistry, &c.

WASHINGTON R. HANDY, M.D. Demonstrator of Anatomy. This department will be open from the 1st of October. Sept 16—31

### MEDICAL INSTRUCTION.

THE subscribers have associated for the purpose of giving Medical Instruction on the following terms:—

Convenient Rooms well furnished, with access to a good Medical Library, and the necessary facilities for demonstrative Anatomy and Surgical operations.

The privilege of attending at the almshouse and a private hospital, now in successful operation, together with the most important cases, both in physic and surgery, which occur in a pretty extensive private practice. Terms—\$50 a year.

NORTHAMPTON, Mass.

Instruction in modern Dentistry will be given for a small additional compensation. May 13. copm

### MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of MEDICAL INSTRUCTION, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive Clinical Lectures on the cases which they witness there.

Instruction, by examination or lectures, will be given in the intervals of the Public Lectures of the University.

On Midwifery, and the Diseases of Women and Children, and on Chemistry

By Dr. CHANNING

On Physiology, Pathology, Therapeutics, and Materia Medica

By Dr. WARE

On the Principles and Practice of Surgery

By Dr. OTIS

On Anatomy, Human and Comparative

By Dr. LEWIS

For the greater accommodation of the Class, a room is provided in the house of one of the instructors, having in it a large library, and furnished with lights and fuel, without charge to the students.

The Fee will be, for one year, \$100. Six months, \$50. Three months, \$25.

The Fees are to be paid in advance. No credit will be given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. WALTER CHANNING, Tremont Street, opposite the Tremont House, Boston.

WALTER CHANNING,  
JOHN WARE,  
GEORGE W. OTIS, Jr.  
WINSLOW LEWIS, Jr.

Boston, April 1, 1835.

### MEDICAL AND SURGICAL EDUCATION.

THE subscriber continues to receive medical pupils at the United States Marine Hospital, Chelsea, and to offer them the following advantages.

The institution at present contains seventy beds: all of which are occupied during the autumn and winter by the subjects, both of medical and surgical treatment. The number of patients in the spring and summer is rather less. The average number daily, throughout the last year, was between fifty-five and sixty. The number is annually increasing. A greater variety of disease is thus presented than is to be found in those hospitals exclusively appropriated to the poor of any city.

The students have unrestrained access to these cases during all hours: as also to the extensive apothecary shop connected with the establishment.

A valuable medical library is offered for their use.

Facilities for the cultivation of demonstrative anatomy, are afforded through the winter.

The students are provided with a suitable apartment in the hospital, which is furnished with fuel and lights, without charge.

Fees, \$50 a year.

Board may be procured in the vicinity of the hospital, at from \$2.50 to \$3.00 per week.

Boston, April 21, 1835.

(April 29.—1f.)

C. H. STEDMAN

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## OPIUM EATING.

THE following particulars respecting the baneful effects of indulging in the intoxication of opium are gathered from the history of a patient, now in the *North London Hospital*, under Dr. A. T. Thomson, for phthisis pulmonalis.

Elizabeth Marden, aged 35, was admitted May 26th. About seventeen years ago she began to suffer from a pain in the right iliac region, for which a medical gentleman ordered her to take ten drops of laudanum, night and morning. This was gradually increased, the pain continuing, until at last she took three teaspoonfuls every four hours, night and day.

At first ten drops relieved the pain, but it was found necessary to increase the dose to produce the same effect. So that the three teaspoonfuls at last did not produce so much relief as did the ten drops at first. The effect of the small doses was simply to produce a relief from the pain, without exerting any other particular influence on the body or mind. As the dose was increased, however, she found it produce a very comfortable condition of the mind. She felt very lively and cheerful, and was capable of doing any quantity of work ; it also produced a sense of warmth over the whole body. She had severe family afflictions, but was not at all distressed by them whilst under the influence of opium, though she felt them severely at other times. If she passed over the usual time for taking a dose, she felt the most distressing sensations about the joints, not of pain, but such as she is unable to describe. She suffered involuntary motions of the arms, fingers, and toes ; numbness in the limbs and body generally ; profuse perspiration, nausea, vomiting, and loss of appetite ; a saline taste in the saliva, and a bad taste in the mouth ; tremor in the limbs ; great sense of debility and lassitude ; the memory and mental powers generally became greatly impaired, attended by a miserable depression of the spirits. These symptoms were all relieved by a repetition of the dose. The opium also produced constipation, not more than one motion occurring in a week, and she does not recollect whether that was produced by medicine or not. If the dose was deferred, she had always severe headache. Her sense of smell was so much impaired that she could perceive no pungency in snuff ; her taste was so much lost that she could not distinguish pepper or mustard ; and her hearing was become so deficient that she could hardly detect the voice of any one who spoke ; yet her own voice sounded most disagreeably loud to her. Her touch was so much affected that she could not execute any needle-work. The acuteness of all her senses was restored

by the usual dose, the want of which was indicated by flushing and heat of the face. During the period of taking the opium she had very little sleep, and in the intervals she could not attempt to sleep from want of the desire, so that she generally worked all night. What sleep she had was generally in the day-time, and that little was much confused and easily ended. About five or six years ago, her resources being exhausted, she obtained admission into *Guy's Hospital*. Her laudanum here was left off for the first three days, and all the above symptoms continued; also now, for the first time, she appeared to see the most frightful animals and other objects in the ward. The symptoms were again relieved by her usual doses. Her doses were left off, however, and medicines were given her thrice a day, containing camphor and a diminished quantity of laudanum, but how much she cannot say, with about a bottle and a-half of Port wine daily. She took these for three entire months before the symptoms began to abate, with other cordial medicines and wine to the end of the fourth month, when she left the hospital. The laudanum was being decreased during the whole time, and when she left the hospital she took a teaspoonful in the course of the day. On returning home, and being dependent on her friends, she was obliged to discontinue the laudanum and wine, and was even unable to get beer. She was now more miserable than before, all the symptoms returning with increased severity, and for the first six months she was almost entirely helpless. She was then first affected with pain in her chest, and a cough, which has continued ever since. She was twelve months at home before the above distressing symptoms disappeared. The only consequences of her opium eating at present are, a very much impaired taste, numbness of the limbs, coldness of the feet, inability to walk far without aching pains in the limbs, and a general sense of lassitude.

In making some remarks on opium eating, Dr. Elliotson observed that he had never before seen a case in which opium had been discontinued. It was unquestionably the most fascinating of all intoxicating agents, the ecstasies produced on the mind by it being more entrancing than those produced by wine. Wine seemed to invigorate the animal frame, opium the intellectual powers. Its effects on the system were generally of the most baneful kind. He had seen cases in which there was no constipation, though generally that was a consequence of opium eating. The opium eater was generally known by his care-worn countenance, and his emaciated and dirty appearance. Dr. E. had been informed by an officer in the East India Service, that when opium eaters were taken prisoners, and kept for some time without the drug, they became ruddy and plump, instead of remaining pale and fleshless. Their sufferings at first were generally very intense, but these wore off by degrees. In the case of Mr. De Quincy, the "English opium eater," who reduced his dose in one day from 8000 drops of laudanum to 1000 drops, he experienced no inconvenience; on the contrary, the melancholy which had for some time oppressed him, subsided. To these remarks the reporter of the present case adds the following:—

The action of opium is different in different persons; in some producing a subdued melancholy, in others creating a temporary insanity. The emotion of the mind which predominates at the time, is generally increased

by opium ; but the most common effect of the drug is to produce a feeling of liveliness and happiness. The writer is acquainted with the editor of one of the most influential morning newspapers, who is subject to hypochondriacism, and takes a grain of opium about once a fortnight, the effect generally remaining for that period of time, and producing in him a most pleasant and comfortable feeling. The late Duchess of Gordon is said to have owed much of her wit and vivacity in company to the swallowing of laudanum, to which she was much addicted, and the conversational powers of Coleridge were influenced by the same cause. The dreams of the opium eater are at first highly gorgeous, but when the stomach becomes disordered by the long-continued use of the drug, nothing can exceed the horror and gloominess of his visions. Persons of a poetical temperament are often addicted to opium, the inhabitants of the poetical climates of Turkey and Persia especially. Mr. Madden in his Travels says, that he knew a Turk who could not rise from his couch until he had stimulated his frame with a drachm of opium, and then he was most animated and cheerful. He used to take three drachms of solid opium in the day. The writer (the reporter) knew a young woman who took one ounce and a half of laudanum daily, and a retired naval officer who a short time since took two drachms of opium in a day. By great persuasion, the writer induced him to decrease the dose gradually, and he now requires only two scruples to produce the same effect as was before produced by the two drachms. At one time he had diminished the dose to fifteen grains, but in consequence of some domestic calamity he became melancholy, and flew to larger doses. His bowels generally require very strong purgatives to move them. He has little appetite, and is subject to occasional attacks of distressing sickness. He only takes his dose once in the twenty-four hours, but if he suffers any time beyond that to elapse, he becomes wretchedly melancholy. He occasionally drinks freely, but does not find any difference between the effect of opium and alcohol.—*Lancet*.

#### A CASE OF CHOREA SUCCESSFULLY TREATED WITH FOWLER'S SOLUTION OF ARSENIC.

BY ROBERT C. CUMMING, M.D. OF FREDERICK CO., MARYLAND.

THE embarrassment experienced by the practitioner in the treatment of some of the diseases usually denominated *nervous*, is a matter of frequent complaint, and of this number chorea may be considered one of the most conspicuous. Although high authorities have testified in strong terms, to the almost infallible efficacy of their favorite modes of treating this disease, yet the physician will meet with signal disappointment, who relies with much confidence upon any *particular* plan, until at least its pathology, now unquestionably obscure, shall be better understood. The following case is related, not because of any novel feature it presents, but merely to exemplify the value of an article already favorably known as a remedy in this distressing affection.

Rebecca D., ætat. 14, was attacked on the 7th of April, 1834, with

slight convulsive motions of the muscles of the face, arms and legs, which were accompanied with some degree of lassitude and languor. These symptoms continued to increase for about ten days, when I was requested to see her. I found the following symptoms present. All the muscles of voluntary motion were affected, those of the face, neck and extremities particularly; there was an inability to remain for any length of time in any one position, the spasmodic action being so violent as to turn the patient suddenly and involuntarily, from side to side. The pulse was regular, though somewhat irritable; the tongue covered with a thick yellowish coat. No pain was complained of, except in the lumbar region, with some degree of tension and fulness about the lower part of the abdomen. Her appetite was not impaired, though deglutition was very difficult, and there was an inability to convey food or drink to her mouth; the vocal organs were also so much affected as to render her articulation indistinct. No remission of the symptoms was observable, except during sleep; and of this she enjoyed only about four hours in the twenty-four, when merely slight contractions about the face and neck occurred.

Considering the treatment recommended by Dr. Hamilton as particularly appropriate to this case, I at once commenced the use of purgatives, and continued them steadily and perseveringly for one week, but with an aggravation rather than a diminution of the symptoms. Supposing from the age of the patient, the pain in the lumbar region, &c. that the symptoms might be connected with an effort of nature to produce the menstrual secretion, I now combined emmenagogues with the purgatives, and continued their joint administration for some time longer, but still without lessening the severity of the symptoms. Believing that I had given this plan a fair trial, without deriving benefit from it, I now resolved to institute a tonic course, and forthwith administered some of the preparations of iron, with some of the most efficient vegetable tonics, but yet without any obvious advantage. My attention now was directed to Fowler's arsenical solution, of which I ordered eight drops three times a day, gradually increasing it to fifteen drops. A very material improvement was apparent as soon as the effect of the remedy on the system was manifested by a swelling of the integuments about the face, when it was suspended for some days, and then resumed for a few days longer. In ten or twelve days from the commencement of its exhibition, the symptoms had abated in a considerable degree, and about a week more established a perfect cure. The patient has never had a return of her malady, and is now in possession of excellent health.—*N. A. Archives.*

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## PAROXYSMAL SELF-LIMITED DISEASES.

FROM DR. BIGELOW'S DISCOURSE.

WE come next to a second order of self-limited diseases, of which the term *paroxysmal* is sufficiently descriptive. This term applies to certain morbid affections, which recur in fits or paroxysms, leaving the patient comparatively well in the intervals, at the same time that the paroxysms themselves can neither be foreseen, prevented, nor, as far as we know,

materially abridged in their duration. At the head of this subdivision stands *epilepsy*, a disease which has been long eminent as an opprobrium of medicine, and for which, it is believed, the healing art has not yet devised a cure. The first attacks of epilepsy, especially while there is any doubt as to the nature of the malady, are usually made the subjects of active and various treatment. But after the recurring paroxysms have established the character of the disease, if active medical practice is persevered in, it is rather to satisfy the anxiety of friends, than the judgment of the practitioner.

*Angina pectoris*, appropriately called by Dr. Good, *sternalgia*, is a paroxysmal disease, which controls its own movements. The anatomical character of this disease is not well understood, and I may add, the same is true of its medical treatment. And in this place it may be proper to state, that various incurable lesions of the heart, lungs, brain, and other viscera, do not apparently destroy life by a regular, undeviating march; but that as far as their outward phenomena afford evidence, they seem to proceed by alternate fits and pauses, undergoing, in their progress, all states, except that of retrogradation. This is apparently true in regard to tubercles, ossification, hypertrophy, and some other morbid alterations. It is also even true in regard to old age itself.

Thirty years ago, we might have added *gout* to the opprobrious list under consideration. But as we may now be said to possess the means of shortening the paroxysms, by the use of certain acrid narcotics, and as an abstemious life goes far towards lessening the frequency and violence of the recurrence, we may be justified in withdrawing gout from the place it would otherwise occupy.

The diseases of mania and melancholy, asthma, when it depends on emphysema of the lungs, gravel in the kidneys, and the symptoms produced by ascarides in the rectum, furnish other examples of maladies, which manifest themselves in unforeseen paroxysms. Cases, which bear the names of all the above diseases, are undoubtedly relieved, and sometimes even removed by medicine; but it is equally true, that other cases are wholly intractable, both as to their recurrence, their duration, and their susceptibility of much change from medical treatment. And it will come to the recollection of many practitioners, that they have, in the course of their lives, believed themselves to have cured these diseases, when in fact they have only witnessed the spontaneous subsidence of a paroxysm.

## MERCURIAL TREATMENT IN WHITE SWELLING.

FROM M. LISFRANC'S LECTURES AT LA PITIE.

A NEW method of internal treatment in white swelling has been proposed by Dr. O'Beirne of Dublin; it consists in giving internally calomel in doses strong enough to bring on salivation in a few days. As soon as this phenomenon sets in, the pain disappears as it were by magic, the tumor diminishes, and articulation returns rapidly to its normal state. These seductive promises were supported by seven cases contained in

Dr. O'Beirne's memoir, and it therefore became a matter of high importance to determine how far they merited confidence. The number of patients affected with white swelling, who present themselves at *La Pitié*, is sufficiently great ; and since the end of 1834, up to the present day, we have made a great many experiments on the subject. Let me remark, in the first place, that we followed exactly M. O'Beirne's formula, which is Calomel gr. xviii. ; Pulv. Opii gr. iii. F. vi. pilulæ ; pr. i. omni tri-horâ. The six pills are enough for one day ; they are repeated next morning, and so on until the salivation is well established.

Whenever the white swelling existed in an acute stage, the pain disappeared with wonderful rapidity, and the tumor underwent at the same time a remarkable diminution ; so far the assertions of the Dublin surgeon were fully confirmed. But it was by no means the same when the tumor so treated had been reduced to the chronic stage, or when the patient, from the beginning of the treatment, presented only the chronic symptoms.

We have multiplied these experiments at the hospital, and have even prescribed the mercurial pills in town ; the results were exactly similar to what has been mentioned. Generally the first pills determine a slight diarrhœa ; in rare cases vomiting ; but other accidents soon cease, and especially so when once salivation has set in. In some patients it begins the first or third day ; but most commonly it requires five or six days, and, consequently, twenty or thirty pills. In one single case we have given up to sixty pills without producing salivation ; the patient had just come out of another hospital, where he had been treated with mercury. In this case, also, the vomiting, excited by the calomel, persisted for a long time, and returned at intervals.

How are we to explain the astonishing action of this remedy on white swelling in the acute stage ? Some persons have latterly recommended mercury as an antiphlogistic. We know that mercurial frictions on the affected parts have dissipated erysipelatous inflammations, calined peritonitis, or even inflammation of the liver. On the other hand, the English make great use of mercury internally in most inflammations ; but in the first place they do not push the mercury in all these cases to salivation, and the results of the mercurial treatment in syphilis seem to conclude against this pretended antiphlogistic property, for it is well established that mercury only exasperates the inflammatory period of chancre, and in general of all inflammatory venereal symptoms.

The question of the properties of mercurial preparations is far from being settled definitively, and as to the cases which occupy us, we cannot explain its action by the laws of ordinary revulsion, since neither the diarrhœa nor the vomiting which it sometimes produces has any effect on the tumor, while that of salivation is at once so quick and powerful. If we compare this new method with the ancient, we must confess, that in acute cases it produces immense advantages ; the incessant pains and the irritability of the tumor, which required often four, six, or even ten months, to dissipate them, here yield in a few days, and do not return. The patients are also spared the loss of strength produced by frequent sanguineous emissions ; finally, the latter frequently fail to relieve the patient from the pain, which keeps him constantly awake, and hitherto

the calomel has constantly succeeded. In one of our patients the pain was intolerable, and resisted every means. Salivation, brought on in a few days, dissipated it instantaneously, with every other inflammatory symptom. But when the inflammatory element has been removed, the action of calomel becomes null, or at least much less than before, and hence we may see how important it is to distinguish, as we have done, between the two stages of the disease.—*Lancet*.

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## TOBACCO AS AN ANTIDOTE TO CONTAGION.

FROM DR. ALLEN'S ESSAY.

IT has been said, and, indeed, it is a common opinion, that tobacco operates as an antidote to contagious and infectious diseases. This idea is gratuitous and fallacious. If in this respect the use of tobacco have any effect, it must invite rather than prevent those diseases. The natural tendency of tobacco is to enfeeble and prostrate the vital powers, and by these means, it must obviously favor an attack of any prevailing epidemic, whether contagious or not.

Diemerbroeck has usually been quoted as authority for the anti-contagious character of tobacco, because when he attended patients having the plague, he smoked it; but it should be observed that he kept constantly "chewing the seeds of the lesser Cardanum; a practice, sufficient to create an almost perpetual habit of spitting, which, I am disposed to think," says Van Swieten, "was of more service to him than any of the medicinal powers of the tobacco. I have heard of a very worthy divine," continues V. S. "who often attended, and that for a considerable time together, not as a physician to the body, but of *the soul*, persons dying of the plague, without ever taking it himself; and he attributed his immunity from this dreadful scourge, to the bean, called St. Ignatius's bean, a bit of which he kept constantly rolling in his mouth."

The nux vomica and tobacco are analogous in character, and both deadly narcotic poisons; to neither of which is there any substantial evidence that the doctor or the priest owed their exemption from disease. They escaped the pestilence, and so have thousands of others in similar circumstances, without the use of any antidote.

It is a fact, universally admitted, that other causes which enervate the body facilitate an attack from prevailing ailments. Consequently, if tobacco be no worse than other innoxious agents, such as fatigue, anxiety, &c. its use under such circumstances is not justifiable. Cullen, whose opinions I always quote with a kind of reverence, although he discards the idea that tobacco contains any antidote to any contagion, or that it has any antidotal powers, admits that "by diminishing the sensibility of the nervous system, its use may render men less liable to contagion, by rendering the mind less active and anxious." The antidotal powers of tobacco are placed upon the same footing with those of wine, brandy and opium. The only tenable ground, then, for the use of tobacco as an antidote to contagion, is that it stupifies, and by that means prevents the danger from being discovered. A wise man foresees the

danger and avoids it, or else prudently prepares for its approach, relying on the goodness and protection of Divine Providence. A reasonable, consistent and conscientious man, in lieu of benumbing his intellectual faculties by the use of tobacco, opium, or alcohol, on occasions of danger from infectious diseases, will find a more safe and sure solace by a rigid regard to his virtues, his passions, and a faithful discharge of all his duties, leaving the event with God his Protector. The most safe and sure method to avoid infectious diseases is by a virtuous course of conduct, to secure that habitual calmness and serenity of mind which constitute true happiness, and which are at the same time so essential to health and long life.

*"Æquanimitas sola, atque unica felicitas."*

Facts, however, are not wanting to prove that the users of tobacco, or alcoholic liquid, are even more liable to be attacked by epidemic and contagious diseases than those who make no use of these articles.

The cholera, it is well known, affected most seriously intemperate users of these ingredients. Similar observations have been made respecting nearly all preceding extensive epidemics. It is in fact a matter of curious moment that so much astonishment should have been expressed and written upon this subject, as though some novel and strange event had occurred in this recent visitation of the fatal cholera. Intemperance has ever made victims for pestilential and epidemic diseases. The great plague of London in 1665, we are informed by the illustrious Sydenham, was most severe on those "who were poorly fed and were *intemperate*." The dram-drinkers and tobacco-chewers experienced most heavily the effects of the yellow fever at Philadelphia in 1793. "Tobacconists, and persons who used tobacco," said Dr. Rush, "did not escape the disease, although snuff-takers were more devoted to their boxes than usual." Intemperance in eating or drinking seldom failed of exciting the fever. The experienced Dr. Lind long since observed that "intemperance in eating disposes to tropical fevers." Intemperance in the use of tobacco, from its known noxious effects upon the human system, must have a worse tendency.

## EMPLOYMENT OF GELATINE FOR FOOD.

TRANSLATED FROM THE GAZETTE DES HOSPITAUX FOR MAY LAST.

BY J. CHICKERING, M.D. BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

M. DONNE read a second memoir, in which his principal object was to prove :—

1. That the employment of this substance has been proposed and adopted for the sustenance of the poor and the sick in the hospitals, without any other knowledge of its alimentary properties than what is derived from analogy.

2. That before his direct experiments, no one had investigated the true action of this substance on man and other animals, under any appreciable circumstances.



3. That since its adoption in the diet of the hospitals, and especially since the doubts raised by him (M. Donn ), numerous facts and imposing testimonies declare against the two principal qualities attributed to gelatine—its value as an alimentary substance, and the alleged economy of using it in the expense of our great establishments of charity.

In support of the first proposition, the author analyzes the different publications of M. Darcet.

All his reasonings, says he, are grounded on this principle, that, as the ordinary broth derives its nutritive qualities only from the gelatine of the meat dissolved in the boiling water, it is possible to make a factitious broth as nutritious, and more so, than the ordinary broth, by dissolving in water a certain portion of dry gelatine ; and, in order to make it similar to the other in every respect, it will be sufficient to boil with it some vegetables and a little meat for seasoning.

In favor of this there is, continues M. Donn , an alleged direct experiment ; it is that of a dog which was fed fifty-four days solely on gelatine, and was well during the whole of the time, without observing anything remarkable, except his stools were suppressed from the sixth day.

In opposition to this experiment, M. Donn  adduced several other experiments in which he could not make dogs thrive on such food, and other experimenters afterwards succeeded no better, even when they added to the gelatine a certain portion of ordinary food.

As to the experiments made by a commission of the Academy of Medicine, M. Donn  regards them as inconclusive :—

1. Because they were made at a time when doubts had not been raised respecting the nutritious properties of this substance, and, consequently, when men were less critical about proofs which they regarded as unnecessary.

2. Because the gelatine then tried was not of the kind now in use, the gelatine prepared according to the method afterwards established by M. Darcet ; but it was the gelatine obtained from bones treated with hydrochloric acid. M. Donn  thinks that the excess of heat which cannot be avoided in the new mode of preparation, very frequently alters the substance.

Besides, the report in question does not, says M. Donn , contain direct experiments on the alimentary properties of gelatine, properly so called, and we know how easy it is to deceive ourselves in endeavoring to establish the elementary properties of any substance when we make experiments in hospitals where there is a system of prohibition regularly established against the introduction of unauthorized articles.

In respect to the second proposition, that is, before the experiment of M. Donn  no one had investigated the real action of gelatine on man and other animals, the author repeated the facts contained in his first memoir, and, as we gave an analysis of this work at the time it was presented to the Academy, we shall merely state that M. Donn  sensibly felt the pains of hunger, by taking daily before dinner, with about a quarter of a pound of bread, 20 to 50 grammes of gelatine ( $1\frac{1}{2}$  to  $3\frac{1}{2}$  ounces nearly), which were, according to M. Darcet, equivalent to 2 to 5 litres (1 to  $2\frac{1}{2}$  quarts nearly) of good broth ; and that a dog, to which he gave with the same quantity of bread 120 to 240 grammes of gelatine ( $8\frac{1}{2}$  to

17 ounces nearly), on the fourth day refused to eat the gelatine, and very much lost flesh.

With respect to the third proposition, which is in reality the principal object of the memoir, M. Donné supports it by a great number of arguments, but he first refers to the former opinion of M. Darcet on the qualities of gelatine broth.

In the notes which this learned man appended to the report made in 1814, he expresses himself thus: "The broth made in this manner is easily taken in jelly by cooling, which happens but rarely with meat broth; it has likewise the advantage of being preserved a longer time than this last in hot and stormy weather." Afterwards, in a note published in 1829, he positively says, that "the solution of gelatine, not being more concentrated than meat broth, being alkaline and not saline, has a bad odor, especially in the summer, if we let it alone; but this inconvenience is easily prevented by acidulating the solution with lactic acid, tartaric acid, &c."

He now comes to the examination of a part very important for settling the question, which was not published in the report of the physicians of the Hôtel Dieu, made by order of the councillor-general of the hospitals. MM. Gueneau de Mussy, Husson, Honoré, Sanson senior, Gendvin, Petit, Caillard, Breschet, Récamier, Magendie and Dupuytren, established in this report, dated Oct. 8, 1831:

1. That broth prepared with a solution of gelatine and meat, has a turbid color, and a somewhat nauseous odor and taste; that it has no fragrant qualities, nor a palatableness which is indispensable to good broth, and that it does not produce in the digestive organs the excitement so necessary to easy digestion.

2. That meat boiled in a solution of gelatine has a reddish color which is offensive to those to whom it is given for food.

3. That the process of extraction, were it more perfect, would not change the nature of gelatine, which is not a good aliment if it be nutritious.

This report closed with expressing a desire to see the broth for the sick made by the old method. The authors having been informed that the council, before deciding on any measures in relation to their report, concluded to consult the physicians of the hospital of Saint Louis, addressed to one of the administrative commission a letter on the subject, in which they requested that the employment of gelatine in the regular diet be provisionally suspended, and that the patients be not required to partake of a food, in respect to the bad quality of which all the physicians of the hospital are agreed.

The council, by right of making this requisition, ordained the provisional suspension of the use of gelatine as a diet in the Hôtel Dieu, and it has not since been resumed. This substance also ceased to be used as a diet in the charity hospitals of Val-de-Grace.

How has it happened, continues M. Donné, that the physicians of the hospital of Saint Louis have made the only exception, and that in this establishment the apparatus for preparing gelatine has till now continued in operation to the satisfaction, as is frequently said, of the physicians,

the sick and the attendants? There is, says M. Donné, no clear explanation of this fact, which still deserves explanation.

"I have not been able," continues M. Donné, "to inquire of the physicians and the patients, and learn whether all approve of the diet in their establishment; I shall not go into any detail respecting the particular object of this hospital, in which those affected with eruptive diseases are generally exempted from affections of the digestive organs. I shall merely cite one positive fact, which is, that at the hospital of Saint Louis, the gelatine is used as an addition to the regular diet, and never to the diminution of other substances. In this case, where is the advantage of gelatine? I conceive of none, and I see a considerable increase of expense."

M. Donné then quotes long passages from two reports made by the administrative commission, and which point out various inconveniences arising from the use of gelatine for food. In one of them, dated May 25, 1831, reference is made to the means used for clarifying the broth, and for removing from it the disagreeable appearance it has in the dishes of the patients; and that the scum (*l'écume*) produced by the gelatine solution is such that it cannot be removed without a silk sieve, and that chemical means for this purpose have not been successful, although the suggestions of M. Darcet have been exactly followed.

The reporter adds, "we can expect but little economy from the use of gelatine as a diet in the hospices, where old people, generally in good health, ought to have the whole allowance of meat which is assigned them by law." He estimates the outfit for establishing its use at Bicêtre at 20,000 francs (\$3,720), and the annual expense at 10,265 francs (\$1,909 49), without any income.

M. Donné finally refers to some of the works which have been submitted to the Academy since the reading of his memoir. Some persons, says he, have eluded the question in its chemical point of view, and in this respect the work of M. Gannal appears to me to contain some new ideas which deserve attention.

As to the experiments of MM. Edwards and Babzac, they are, as is well known, in opposition to mine; the commission of the Academy ought to appreciate their value, and weigh the conclusions which are drawn from them with the facts brought forward by the physicians of the Hôtel Dieu, and with other information to which I have referred.

M. Donné closes by citing a communication which he received in relation to the use of gelatine at Rouen. The patients expostulated against it. As to the soldiers, competent authority has required that the ordinary broth shall be given them.

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#### A CASE OF DESTRUCTION OF THE TESTICLE,

PROBABLY BY THE PRESSURE OF A TUMOR, WHICH ENVELOPED THE SPERMATIC CORD, ITS NEIGHBORING BLOODVESSELS AND NERVES.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—I was called to see J. P., of Lisbon, Me. June 14th, 1835, who complained of an enlargement of the left testicle, which he informed me

commenced about three weeks before, with a little pain and soreness in the cord, which I concluded was caused by the gravity of the testicle. Not apprehending anything serious, I made no examination, but ordered him to suspend the testicle, gave him liniment to apply to the parts, and ordered him a cathartic of jalap and calomel, to be followed with a dose of Epsom salts. I did not see him again till the 2d of July, when he informed me that the cord had not been so sore since using the bandage. I made an examination of the testicle, and found it considerably enlarged; no fluctuation, nor any pain except in the cord, which was considerably swollen and quite tender to the touch. The testicle was very hard, surface smooth, and of a natural degree of heat.

As this case did not present the general symptoms of diseases of the testicle, and there being a degree of constitutional irritation, and the pulse full and hard, I bled him, gave a cathartic of jalap and calomel, and put him on a course of blue pill with a Dover's powder at night. Continued this course till the 19th without any effect on the gums, and as his strength seemed to fail, ordered him some tonics.

24th.—No alteration of the testicle (except a small water blister on the apex of the scrotum, which, gradually enlarged), till the 27th, when I called J. Merrill, M.D. in consultation. We concluded to make an opening into the testicle, to ascertain, if possible, the nature of the disease.

I introduced the lancet in the place where the skin was broken (which had enlarged considerably, and had begun to turn black), an inch and a half. There was no sensation in the part, where the incision was made; and in fact the patient did not know that it had been laid open, till he was told. No discharge followed at the time. The probe was introduced with ease in all directions, without any resistance or sensation to the patient. Ordered a cataplasm to be applied to the part, and renewed as often as necessary. Pulse at this time full, hard and rapid; tongue considerably coated, and dark. Continued the Dover's powder at night; carb. soda every four hours, and blue pill as an alterative. From this time there was a gradual sinking, pulse from 80 to 100, tongue coated and black. The scrotum commenced sloughing away, so that in two or three days the testicle was seen to be entirely dead, so much so that a probe was passed into the testicle with ease, and without causing any pain. As the scrotum continued to slough off, I removed the testicle, and had a hope that I should find the cord in a healthy state; but it was likewise dead, and no hemorrhage took place. The poultice was continued, and in a few days there was considerable discharge of a dark unhealthy pus. There was some pain in the back, which at the time I attributed to resting on that part, it being the only position in which he could lie with any ease.

There was nothing more remarkable till death, which took place the 23d of August, during which time there was a gradual sinking, pulse from 80 to 120; tongue continued coated and black till a few days before his death, and as the coat fell off, it presented a red surface.

*Post-mortem examination* eight hours after death, assisted by J. Merrill, M.D. Found the intestines slightly inflamed, some adhesions, the liver enlarged, and gallbladder considerably distended with dark bile.

On removing the viscera, we found a large tumor closely adhered to the spine, extending from the os sacrum to the left kidney, which completely enveloped the spermatic cord, its neighboring bloodvessels and nerves. }

This, Sir, is a brief sketch of the case, from my note-book, which appeared to me interesting ; and as I do not recollect of ever having seen a case of the kind on record, I thought it might be of some use to give it a place in your valuable Medical and Surgical Journal. You are therefore at liberty to dispose of it as you think proper.

Yours, &c.

JOSIAH LANE, M.D.

*Little River Village, Me. September 25th, 1835.*

## BOSTON MEDICAL AND SURGICAL JOURNAL

BOSTON, OCTOBER 7, 1835.

### MEDICAL LITERATURE.

It is in contemplation in France, to create a chair of medical literature. The idea is novel, but nevertheless one of great importance. When the professor of pathological anatomy has been appointed, according to the provisions of the will of M. Dupuytren, it must be acknowledged that the advantages for acquiring medical science will be superior in Paris, to those of all other cities in the world. Were lectures given in our old schools upon medical literature, for example at Boston, Philadelphia, New York and Baltimore, in all of which the means are ample, there being always students enough to sustain the system by the payment of a moderate fee, manifest advantages would accrue to the profession. A large proportion of the young men who are annually graduated doctors of medicine, have had opportunities for studying but little more than the technicalities of medicine, and its collateral branches : this is particularly the case with those whose early academical advantages were limited ; and however much they might have been inclined to accomplish themselves by a general reading of those authors whose works exhibit the scholar and the man of science, they were really confined to the irksome labor of poring over text books, and following the daily routine of the lecture rooms and hospital. Thus, if such ever become familiar with the history and character of writings which constitute the medical learning of past ages, and connect it with the present, they necessarily labor to disadvantage, and late in life, only, become possessed of the spirit of what they should have had in the beginning. Were students gradually made familiar with the archives of the healing art, and in an orderly manner presented with specimens of the ablest writers in all languages, by a teacher perfectly conversant with this important department, who, with judicious criticisms, carefully inculcated purity of style and elegance of diction, the reproach that physicians too frequently know nothing but terms, would no longer be tauntingly repeated.

In our own country, the writings of Dr. Rush, among others, are most admirable specimens of pure English ; and although changes have been effected by the progressive nature of the science to which his whole life was devoted, the principles he inculcated were based upon the rock of truth, which no revolution of opinions can overturn. His acquirements

in useful knowledge, and the agreeable, yet simple manner in which he endeavored to teach those who should in turn occupy the stage, when his days were numbered, will go down to remote generations as beautiful evidences of the advanced and elevated condition of the medical literature of the United States at the period in which they were embodied. In a word, the more reflection there is bestowed upon this subject, the deeper will be the interest that is felt in it ; a professor of a new branch will soon be considered a desideratum, as without his lectures no medical school in this country will have kept pace with the improvements in the celebrated institutions of Europe.

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#### HISTORY OF THE CHOLERA IN NEW ORLEANS.

WE have received from Dr. Michael Halphen, of New Orleans, an interesting volume of 374 pages, comprising a detailed account by him of the cholera and yellow fever which reigned simultaneously in that city in 1832, and of the former disease in 1833 and 1834, being a memoir to the Royal Academy of Medicine at Paris, in which place it was printed, and is of course in the French language. A work on the cholera is not now read with that intense interest which a few years since it was sure to receive ; but the results of long experience in regard to this desolating disease cannot fail to be interesting to the medical practitioner, even if viewed in no other light than as historical memoranda. Dr. H. has bestowed great labor upon his memoir, and has applied it principally to that department of the work which must of necessity be the most valuable—the collection of facts. In his Preface he remarks—

“The mode of treatment which we have adopted having been crowned with unexpected success, we have thought that it would be useful to give a series of cases, which, better than anything that we could say, would show the nature of the epidemic and the utility of our therapeutic method. We pretend not to offer a treatise on the cholera ; the reader will find in our pages neither erudition, citations, nor theories ; it is a catalogue of facts which we present.”

The treatment referred to above consisted principally in the administration of quinine and “thridace.” The author considers that there was no connection between the cholera and yellow fever which existed at the same time in 1832 ; on the contrary, he remarks, that “the antiphlogistic treatment in mitigating the effects of the yellow fever, has favored the development of the cholera, and that it is only in adopting an opposite mode of treatment that the new enemy has been successfully combated.” On this subject, he further remarks—“I cannot but conclude that the cause of these two maladies differs as much as their effects on the animal economy, and that the cholera, an asthenic disease, necessarily produces a diversion in the effects of the yellow fever, a sthenic disease ; in the latter, the effects seem always to yield to the influence of the cholera, and never have I seen the cholera yield to that of the yellow fever—from whence I am induced to believe that the deleterious power of the first is even more fatal than that of the latter.”

We translate one more sentence relating to these two diseases. “Persons not acclimated to the yellow fever, who have arrived while the two maladies were raging, have not in general been affected by it, as they would have been if the cholera had not existed ; and those among them who have had the cholera, have not been attacked so severely as persons

acclimated to yellow fever. I will also add, that many persons previously affected with gastro-enteritis, were wholly cured of it on the appearance of the cholera."

Dr. H. has recorded fifty-seven cases of the cholera treated by him in 1832, and sixty-six in 1833. He has also given, under the heads of "Exposition," "Topography," and "Invasion of the Cholera," a mass of valuable information in regard to the appearance of the cholera in different parts of the United States, and to the sanitary regulations of New Orleans. In his remarks on this latter subject, he speaks plainly and without fear, and exposes some no very creditable instances of negligence in regard to the prisons and the cemeteries in that city. We shall endeavor to present further translations hereafter.

**Cholera in France.**—Our last medical advices from France, speak of the gradual spread and devastations of the cholera in the towns and villages in the South; but at Marseilles and Toulon, it was subsiding. There were 1260 deaths out of 1373 cases, in the latter place—a most fearful mortality indeed. Wherever there is the most suffering and danger, owing either to the scarcity of physicians or the inexperience of those on the spot, the government, acting upon the broad spirit of benevolence, are continually sending young and active medical men to render assistance.

**Smallpox in Germany.**—From the last annual report of the Hospital of La Charité, Berlin, we learn that the number of patients treated in the establishment for smallpox was 96; of which 81 were cured, 11 died, and 4 remained. The proportion of deaths to the cases was therefore as 11:96, or 1 in 8.72.

**DIED**—In Philadelphia, Dr. William Kennedy, aged 38.

Whole number of deaths in Boston for the week ending Oct. 3, 42. Males, 24—Females, 18.

Of measles, 11—Infantile, 5—consumption, 6—cholera morbus, 1—sudden, 1—lung fever, 1—typhous fever, 3—apoplexy, 1—Inflammation of the bowels, 1—tumor, 1—hooping cough, 2—accidental, 1—debility, 1—dropsy of the brain, 1—smallpox, 1—intemperance, 2—rheumatic, 1—teething, 1—lockjaw, 1.

## ADVERTISEMENTS.

### MEDICAL SCHOOL IN BOSTON.

THE MEDICAL FACULTY of Harvard University announce to the public, that the Lectures will begin on the first Wednesday in Novem., and continue thirteen weeks, after which time the regular course will be considered as terminated. But for the following four weeks, the Hospital and the Dissecting room will be kept open, and some Lectures will be given, without additional expense, to such students as may choose to remain.

The following Courses of Lectures will be delivered to the class of the ensuing season:

			Fees
Anatomy, and the Operations of Surgery,	by	JOHN C. WARREN, M.D.	\$15
Chemistry,		JOHN W. WEBSTER, M.D.	15
Midwifery and Medical Jurisprudence,	"	WALTER CHANNING, M.D.	10
Materia Medica,	"	JACOB BIGELOW, M.D.	10
Principles of Surgery and Clinical Surgery,	"	GEORGE HAYWARD, M.D.	10
Theory and Practice of Physic, and Clinical Medicine,	"	JAMES JACKSON, M.D. and JOHN WARR, M.D.	15

By an additional act of the Legislature of Massachusetts, the opportunities for the study of Practical Anatomy are now placed upon the most liberal footing. While the violation of sepulchres is prevented, it is anticipated that an ample supply of subjects for the wants of science, will be legally provided at a small expense.

The Massachusetts General Hospital is open without fee to Students attending the Lectures of the physicians and surgeons. This Institution contains about sixty beds, which are, most of the time, occupied by patients who are subjects partly of medical, and partly of surgical treatment. Clinical Lectures are given several times in each week, and surgical operations are frequent. The number of surgical operations during the last five years has averaged about seventy in each year.

To the Medical College is attached a Medical Library, a costly and extensive Chemical Apparatus, and Collections illustrative of Midwifery, Materia Medica, and Healthy and Morbid Anatomy.

Boston, June 12, 1835.

June 24—4N1.

WALTER CHANNING, Decn.

## AN EXCELLENT CHANCE FOR A PHYSICIAN.

A PHYSICIAN in one of the western counties of New Hampshire offers to sell his stand, situated in a pleasant and flourishing village, and no other physician within five miles. For further particulars, inquire of the Editor of this Journal, or of Dr. Richards, of Claremont, N. H. Oct 7

## BOYLSTON MEDICAL PRIZE QUESTIONS.

THE Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following physicians, viz.—JOHN C. WARREN, M.D.—RUFUS WYMAN, M.D.—GEORGE C. SHATTUCK, M.D.—JACOB BIGELOW, M.D.—WALTER CHANNING, M.D.—JOHN B. BROWN, M.D.—GEORGE HAYWARD, M.D.—JOHN RANDALL, M.D.—and ENOCH HALE, Jr. M.D.

At the annual meeting of the Committee held on Wednesday, August 6th, 1835, a premium of fifty dollars, or a gold medal of that value, was awarded to Luther V. Bell, M.D. of Derry, N. H. for a dissertation on the following question—"What diet can be selected, which will insure the greatest probable health and strength to the laborer in the climate of New England; quantity and quality, and the time and manner of taking it, to be considered."

Another premium of the same value was awarded to Usher Parsons, M.D. of Providence, R. I. for a dissertation on this question—"What are the diagnostic marks of cancer of the breast; and is this disease curable?"

The following prize questions for the year 1836 are now before the public, viz.

"1st. How far are the external means of exploring the condition of the internal organs to be considered useful and important in medical practice?"

"2d. To what extent is an active medical practice useful in the common continued fever of this country?"

Dissertations on these subjects must be transmitted, post paid, to John C. Warren, M.D. Boston, on or before the first Wednesday of April, 1836.

The following questions are now offered for the year 1837, viz.

"1st. What is the nature of Neuralgia, and what is the best mode of treating it?"

"2d. To what extent, and in what places, has Intermittent Fever been indigenous in N. England?"

Dissertations on these subjects must be transmitted as above, on or before the first Wednesday of April, 1837.

The author of the successful dissertation on either of the above subjects, will be entitled to fifty dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied with a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and place of residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, if called for within one year after they have been received.

By an order adopted in the year 1836, the Secretary was directed to publish annually the following votes, viz.

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

GEORGE HAYWARD, Sec'y.

Boston, August 23, 1835.

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Publishers of Newspapers and Medical Journals, throughout the United States, are respectfully requested to give the above an Insertion.

THE PILGRIM'S PROGRESS IN PHRENOLOGY, Part I., abridged. Likewise a Tract on the Vitality of the warm Blood and Air, abridged. By ELISHA NORTH, M.D. Both of these Tracts are for sale by the subscriber; price 17 cents for each.

ELISHA NORTH.

New London, Ct., October, 1835.

Oct 7

## A STAND FOR A PHYSICIAN.

A PHYSICIAN in the State of Maine, in a pleasantly situated, small, flourishing village, about 25 miles from Portland, wishes to dispose of his stand. Being a very eligible stand, and affording abundant practice, it offers a good opportunity for a physician to establish himself. For further particulars, apply to the Editor of the Journal; if by mail, post-paid. Sept 23—3m

## MEDICAL INSTITUTION OF YALE COLLEGE.

THE annual Course of Lectures in this Institution will commence on Thursday, Nov. 5, 1835, and will continue seventeen weeks. There are at least five lectures daily throughout the term, and a part of the time six. The several branches are taught as follows, viz.:

Principles and Practice of Surgery, by THOMAS HUBBARD, M.D.

Theory and Practice of Medicine, by ELI IVES, M.D.

Chemistry and Pharmacy, by B. SILLIMAN, M.D.

Materia Medica and Therapeutics, by WILLIAM TULLY, M.D.

Anatomy and Physiology, by J. KNIGHT, M.D.

Obstetrics, by TIMOTHY P. BEERS, M.D.

The fee for each of the first five branches is \$12.50, and for the last \$6.00, which, together with a matriculation fee of \$5.00 and a contingent bill of \$2.50, are to be paid in advance. The graduation fee is \$15.

Since the last term, extensive alterations have been made in the College buildings;—those parts of it especially which are appropriated to anatomical purposes, have been made more extensive and commodious, and every facility will be afforded to those who wish to pursue the study of anatomy.

The price of board, lodging, &c. in New Haven, is from \$2 to \$3 a week, and other necessary articles in proportion. (Sept. 3—ep6w.)

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 181 Washington Street, corner of Franklin Street, to whom all communications must be addressed, post-paid. J. V. C. SMITH, M.D. Editor. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy, gratis.—Postage the same as for a newspaper.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XIII.]

WEDNESDAY, OCTOBER 14, 1835.

[NO. 10.]

## ON THE CAUSES OF SPONTANEOUS HUMAN COMBUSTION.

FROM AN ESSAY BY JAMES OVERTON, M.D. OF NASHVILLE, TENNESSEE.

THE observations which have been hitherto collected in relation to this subject, seem to result in the firm conviction that a very large proportion of those who have suffered from spontaneous combustion, have been addicted to the abusive use of spirituous drinks. From this fact it has been concluded by some, and especially by Mr. Lair, that the different parts of their bodies having undergone a considerable alcoholic impregnation, had thereby contracted a high degree of combustibility, and consequently were easily ignited by the agency of any inflammable cause. This opinion appears to have enjoyed a very general and protracted acceptance among the profession, as well as with the mass of mankind, not accustomed to the investigations of abstruse physical and medical questions.

The opinion, indeed, derives apparent confirmation from the facts disclosed by the *post-mortem* examination of the bodies of persons who have died during a paroxysm of inebriation from ardent spirit. The different portions of their bodies have been found to exhale a strong alcoholic odor. And Mr. Lair also remarks, in confirmation of this explication, that the flame observed in combustions of this nature, resembles very accurately in its appearance, that of alcohol in a state of inflammation, and that the individuals in whom this accident has most frequently occurred are very fat or very lean persons, and that in the first case the abundance of fat has furnished aliment to the flame, whilst in the second, the defect of humidity was favorable to the progression and continued combustion of its elements present in the body of the sufferer. It is asserted, however, that this explication, notwithstanding its great popularity and useful moral tendency, is illy in accord with the settled principles of sound physiology; which refuses to admit the assimilation of any substance whatever into the living system, without important changes in the elements of its constitution. Among the constituent principles of every substance submitted to the action of the living organism, a new state of things is always induced; present combinations are dissolved, and new ones established. This faculty peculiar to vitality, may, it is true, be modified or limited by the condition of disease, or other anomalous states of the system, but does not allow of entire suspension until after death. We are led, indeed, to regard as characteristic of organic vital action, its power of forming bodies more complex in their constitution than those which are the product of inorganic nature. This action often modifies the character of bodies which are extrinsic to the living organ, and

produces bodies which, until the present time, chemists have regarded as submissive to no further decomposition. As an example of this fact, among many others, it has been noticed that the cones of the pine tree which has grown upon sterile land, and in which not a particle of calcareous matter could be detected by chemical tests, have, notwithstanding, furnished chalk to the analysis of the chemist. And other earths are often found in vegetables growing upon soils which possess nothing of a similar nature in their composition.

These and numberless other analogous facts establish, beyond the reach of question, the immense authority exercised by vital functions over the laws of composition which obtain in relation to inorganic nature. But although this authority is palpably very great, it is not absolute or entire in its influence. In proof of this idea, it has been ascertained that certain substances assimilated by the living body, retain notwithstanding some of their primitive qualities ; such as their color, their odor, &c. &c. We know, for example, that madder taken into the stomach of animals, dyes the bones red ; that a decoction of Campeache wood communicates its color to the urine ; and that rhubarb gives to the urine, when taken into the stomach under some circumstances, a very yellow tint, in some instances greatly resembling, in appearance, water colored by the admixture of a considerable portion of venous blood. It is also said that agaric, a fermenting drink with which the Kamtschadales often make themselves drunk, communicates its intoxicating quality to their urine. Garlic communicates its odor and taste to the milk of cows, and even frictions with this article give its peculiar odor to the breath and cutaneous excretion. Turpentine, asparagus, and other vegetable substances, also impress upon the secretions their peculiar odor ; and substances taken into the stomach have been, we are assured, detected in their primitive state in the urine and other secretions. But are we assured from these facts that the substances mentioned, during the time of their assimilation and before their submission to the action of the secretory organs, retain the same state of combination among their elements, which obtained before their ingestion or application to the exterior surface of the body ? And even conceding the possibility of alcohol pervading the living body, with no greater resistance than that exerted by dead matter of equal porosity, would not its affinity for water everywhere present, induce a combination with it not to be reconciled with the opinion, which attributes to the general diffusion of alcohol the combustibility by which the body is characterized upon such occasions ? In proof, however, of the truth of the explanation, the spontaneous combustion of the eructations of certain drunkards has been adduced, with apparently too much confidence of triumph by its advocates. For even in these instances it is evident that the alcohol must have submitted to important modifications of character by the action of the vital organs upon it—for the vapor of alcohol in its ordinary state is not susceptible of *spontaneous* combustion, like the gaseous eructations which have been noticed. This latter vapor must therefore possess combinations, if not elements, which are foreign to the nature of alcoholic fluids—combinations and elements which are only ascribable to the agency of the living organism. Nor does the foregoing opinion, which attributes the combustibility of the living body to the

diffusion of alcohol through its substance, derive better support from the evidence supplied by cadaveric inspections ; because in those instances in which alcohol has been taken in large quantities a short time before death, which cases have alone, as it would seem, given origin to this conjecture, could not in this manner have pervaded the living tissues, and must consequently have taken place after the body had ceased to be obedient to the laws which reign exclusively in directing the motions of vitalized matter. Besides, the bodies of drunkards generally do not exhale an alcoholic odor, a fact which has been abundantly established by the examination of many individuals of both sexes and different conditions, by able and practiced investigators. This odor is only found to be present in those cases in which large quantities of alcohol have been taken a short time before death, so that the powers of life were inadequate to its perfect assimilation, leaving it consequently unchanged in the stomach at the time of the cessation of the vital functions of this viscus. But spontaneous human combustion is a process of vitality, exhibited only by the living body, and never in one solitary instance after the body had ceased to be distinguished by the characters peculiar to life. This fact alone seems calculated to shade with great incertitude the explication alluded to, if it be not sufficient to its entire overthrow when examined in relation to all the bearings which it may legitimately claim to exercise in the discussion before us.

Finally, the similarity in the appearance of the flame in spontaneous human combustion to that of alcohol when ignited, contributes nothing more conclusive in support of this hypothesis ; since the combustion of other bodies, such as carbureted and sulphureted hydrogen gas present also the same resemblance in the appearance of the flame. To these objections to the validity of the explication which has been noticed, it may be added with still greater force, that persons have in some instances, as in the case recently occurring in this city,\* been the subject of spontaneous combustion, whose character was exempt from the slightest imputation in respect to the abusive use of strong drinks of any description.

With respect to the state of obesity or emaciation which has been proposed as the cause of the combustibility of the human body, it may be esteemed sufficient to remark, it is never so free from watery particles as to justify this hypothesis ; and that the emaciation of no living or even dead body has ever presented so great dryness as to be capable of the rapid combustion which takes place when the body is the subject of the accident which is the present object of inquiry. Neither the dried mummies from the catacombs of Egypt, nor any condition of fatty matter with which we are yet acquainted, possess the character of combustibility to an extent nearly equal with that of the human living body, when it has acquired the capacity of spontaneous combustion. These causes are consequently totally inadequate to furnish a reasonable solution of the phenomenon of the spontaneous combustion which is the object of this essay. They may, indeed, be competent to modify the process, when it has been set up by other causes in the organism, but are entirely

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\* See Med. Journ. p. 25.

incompetent to account for its inception, progress, or the details of its character.

From an aggregation and comparison of the various cases of spontaneous combustion, which have at different times and situations been the subject of distinct and admitted observation, the following general conditions of its character are deemed to be fairly deducible.

1st. That females are much more subject to this accident than males ; and we know that females have the skin and cellular tissue much more tender and relaxed than men, and that women more than men are the subjects of morbid obesity. 2d. That spontaneous combustion has much more frequently occurred to the aged than the young—much the greater number of cases having taken place in persons who had passed their sixtieth year of life. 3d. That besides the debility or asthenic diathesis peculiar to this portion of human life, these individuals had been in most, if not all instances, the subjects of asthenic diseases, or subjected to the agency of other causes productive of general debility. 4th. That their habits of life were inactive or indolent, and must consequently have tended towards the augmentation of the various other debilitating causes to which they had been exposed. 5th. That the greatest number of those who have been subject to this accident, have been fleshy or fat persons ; and we know that obesity, and especially at a late period of life, is among the admitted proofs of atony, and particularly of atony of the lymphatic system. It is from this cause that such subjects are unusually liable to dropsy and to other affections of an asthenic nature, distinguished by the general appellation of cachexy, &c. 6th. That the largest number of those who have been the subjects of spontaneous combustion, have made an abusive use of spirituous drinks. 7th. That an ignited body, however inconsiderable may have been its extent or intensity, near to the place where the accident has occurred, such as a candle, lamp, burning coals, &c. &c., has in most instances been the object of clear and undisputed observation. 8th. That the inflammation has in all instances been extremely rapid, and in most cases has involved the whole body before assistance of any kind has been given to the sufferer. 9th. That the flame was in most instances where the subject was the object of observation, very unfixed or moveable, difficult to extinguish by means of water, and that it did not attack contiguous combustibles, except those with which it remained in contact for a considerable time. 10th. That the places where these combustions have occurred, emitted generally a strong empyreumatic odor ; and that the walls of the apartment, and the surface of the ashes and coals which remained, were covered by a foetid humidity and with grease. 11th. That the trunk of the body, with the exception of a few pieces of its ossific portion, has been, in almost all instances, entirely consumed by the conflagration ; and that in the greater number of instances of total combustion, there remained only exempt from incineration after the termination of the process, portions of the bony structure of the head and extremities, of less or greater magnitude in different cases. 12th. And finally, that in a great majority of cases the accident has occurred when the atmosphere was considerably cold, and consequently in the winter season.

These facts are certainly of very great interest, and merit the profound

meditation of every one who may attempt an explication of the subject of spontaneous combustion.

In the conduct of the present investigation we are early met by the inquiry, by what means does the human body acquire its combustibility or capacity of being burnt with the great rapidity exhibited in these accidents? The solution of this problem has been deemed of the first importance, yielding but little if at all, in consequence, to the inquiry which is directed in search of the causes, which acting upon the susceptibility thus acquired, may be said to be the immediate causes of the accident.

The human body, dead or living, is a material which, in its ordinary condition, does not burn without very considerable difficulty—it may, it has indeed with entire propriety, been arranged among those bodies which are called incombustible. Our astonishment is consequently the greater when we are obliged to witness its rapid and often almost entire incineration, by the process which engages our present notice. Its capability of becoming the subject of such a phenomenon, from these causes, upon the present occasion, is a subject for interesting and primary investigation. By the influence of what agency are we to account for the production of this strange condition of the living organism? This is the first, and perhaps the most important inquiry which obtrudes its early solution upon the attention of the investigator, occupied with an examination into the causes and character of spontaneous combustion. We are obliged to lament the insufficiency of any response heretofore given to this important interrogatory, which, still, after ages of research, vainly calls aloud for some replication more demonstrable and definite in its character. Upon this branch of our subject difficulties formidable and numerous rudely assail the inquirer from every quarter—difficulties with which our predecessors have but feebly contended, and which even now maintain their ground little reduced in force or number. This fact is ascribable, perhaps, in a great degree, to the actual state of medical science; every portion of whose extended domain has not been the object of equally assiduous and successful cultivation.

Little comparative attention seems to have been bestowed by the profession upon the anatomical structure, and physiological and morbid functions of the cutaneous system. It has hence been very truly remarked, that no diseases are less understood than those which constitute the pathology of the skin—when the anatomy of the skin, therefore, together with its functions, healthy and diseased, connected with the tissues in its immediate contiguity, shall become the objects of more diligent and successful investigation, we may reasonably anticipate the development of facts and principles which cannot fail to reflect valuable instruction upon a subject, which at present seems, by necessity, to be veiled in deep obscurity. This obscurity is the necessary result of a deficiency of facts; and this deficiency can only be supplied by future research, philosophically conducted, into the anatomy and functions of the skin and other superficial tissues, in connection with the phenomena of this particular malady. Spontaneous combustion of the human body has in all cases had its beginning upon the superficial tissues; and this locality of its inception corroborates the expectation that its pathology is to be sought for and obtained, only by diligent and skilful investigation concentrating

its attention upon the skin and other superficial tissues of the body. Until this prerequisite task shall have been executed with necessary ability and exactitude, ingenuity may continue to supply us with an abundance of plausible speculation, but these can never assume the importance of ascertained facts, or supply any profitable rule for the regulation of practice. At best, they cannot be more than conjecture, and may often exercise a deprecated influence, by the substitution of their delusive instruction, in lieu of facts and induction logically deduced from the sources, and by the means we have already indicated.

This very desirable object, however, by many important circumstances in necessary connection with its nature, is removed far beyond our competency to accomplish. Leaving it therefore to the industry, talents and philanthropy of others, in all respects better qualified to embark in the laudable undertaking, with more animating hopes of ultimate success, I shall be content to submit such an explanation of this accident as has been deemed most satisfactory and consistent with its sensible phenomena.

[To be continued.]

#### HYDRIODATE OF POTASH IN RHEUMATISM.

**DR. ELLIOTSON** has employed this medicine with considerable advantage in several cases of chronic rheumatism. It was administered in the case of a young woman who caught cold about eighteen months since, and who from that time had suffered from rheumatic pains in the joints at the various changes in the weather. On her admission into the hospital, May 26th, she had pains in her loins, shoulders, wrists, and ankles; the joints were not swollen, or preternaturally hot or red. Her general health was pretty good. Two-and-a-half grains of the hydriodate of potash were given in solution three times a day.

30.—She has pain in the left side, increased on inspiration; she is obliged to lie on her back. Eight leeches are ordered to be applied.

June 2.—The pain in the side is better, and the pains in the limbs are gone. She complains of headache and a sense of sickness.

6.—The headache and sickness are gone, but the pains in the joints have returned.

23.—Since the last report she has been improving, the dose of the medicine having been gradually increased to seven and a half grains. The pains have now entirely left her, and she was ordered to be discharged.

The other case is that of an old woman, aged 66, who was admitted on May the 12th. Twelve months ago she slept in a bed the pillow of which was damp, and she has since suffered with a severe pain in her neck, shooting up to the ear and into the head. Her strength has been much reduced by the constant pain, which has continually disturbed her rest at night. She took three grains and a half of the hydriodate on her admission, and has had the dose gradually increased to ten grains, which she was taking three times a day just before her discharge. On the 23d of June she was very much relieved. There have been various local applications, such as iodine and croton oil, made to the neck, but the

effects of none of them were so striking as to warrant the belief that they administered much to the cure. Dr. Elliotson certainly considered that the benefit might be mainly ascribed to the hydriodate of potash.

*London Lancet.*

#### MEDICAL TREATMENT IN SELF-LIMITED DISEASES.

[In former Nos. of the Journal, extracts from Dr. Bigelow's Discourse have been given, which treated of the inefficacy of the healing art in many of the diseases which the physician is called upon to attend. Injustice would perhaps be done to the author if the following extracts were not also presented to the readers of the Journal.]

It may perhaps appear that the views, which have now been taken of the power of medicine in so large a class of diseases, are gloomy and discouraging, and that an unworthy tribute is paid to the labors of those physicians, who have patiently studied, and ardently acted, for the benefit of humanity. Such views, however, are far from being the object of the present discourse. Were it permitted by the compass of the subject under consideration, it would be a very grateful task to enumerate those maladies of the human frame, over which we have reason to believe that medicine has obtained decisive influence. To a medical audience, it is unnecessary to recall the instances of pain relieved, spasms controlled, inflammations checked, and diseased associations broken up, under limitable diseases, by the agency of the healing art. Were there no other trophy for the medical profession to boast, it is sufficient to know, that the diseases of smallpox and syphilis alone would have entailed misery and extermination on a large portion of our species, had not medical science discovered the prevention of the one, and the successful management of the other.

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In regard to acknowledged self-limited diseases, the question will naturally arise, whether the practitioner is called on to do nothing for the benefit of his patient; whether he shall fold his hands, and look passively on the progress of a disease, which he cannot interrupt. To this I would answer,—by no means. The opportunities of doing good may be as great in these diseases as in any others; for, in treating every disease, there is a right method, and a wrong. In the first place we may save the patient from much harm, not only by forbearing ourselves to inflict him with unnecessary practice, but also by preventing the ill-judged activity of others. For the same reason that we would not suffer him to be shaken in his bed, when rest was considered necessary to him, we should not allow him to be tormented with useless and annoying applications in a disease of settled destiny. It should be remembered that all cases are susceptible of errors of commission, as well as of omission, and that by an excessive application of the means of art, we may frustrate the intentions of nature, when they are salutary, or embitter the approach of death when it is inevitable. What practitioner, I would ask, ever rendered a greater service to mankind, than Ambrose Paré, and his subsequent coadjutors, who introduced into modern surgery the art of healing

by the first intention? These men with vast difficulty succeeded in convincing the profession, that instead of the old method of treating incised wounds by keeping them open with forcible and painful applications, it was better simply to place the parts securely in their natural situation, and then to let them alone.—In the second place, we may do much good by a palliative, and preventive course, by alleviating pain, procuring sleep, guarding the diet, regulating the alimentary canal,—in fine, by obviating such sufferings as admit of mitigation, and preventing or removing the causes of others, which are incidental, but not necessary, to the state of disease. In doing this, we must distinguish between the disease itself, and the accidents of the disease, for the latter often admit of relief, when the former do not. We should also inquire whether the original cause of the disease, or any accessory cause, is still operating, and if so, whether it can in any measure be prevented or removed: as, for example, when it exists in the habits of life of the patient, in the local atmosphere, or in the presence of any other deleterious agent. Lastly, by a just prognosis, founded on a correct view of the case, we may sustain the patient and his friends during the inevitable course of the disease; and may save them from the pangs of disappointed hope on the one side, or of unnecessary despondency on the other.

It will be seen that, in the foregoing remarks, a low estimate has been placed on the resources of art, when compared with those of nature. But I may be excused for doing this in the presence of an audience of educated men, and the members of a society whose motto is *Naturâ duce*. The longer and the more philosophically we contemplate this subject, the more obvious it will appear, that the physician is but the minister and servant of nature; that in cases like those which have been engaging our consideration, we can do little more than follow in the train of disease, and endeavor to aid nature in her salutary intentions, or to remove obstacles out of her path. How little, indeed, could we accomplish without her aid! It has been wisely observed by Sir Gilbert Blane, that “the benefit derivable to mankind at large, from artificial remedies, is so limited, that if a spontaneous principle of restoration had not existed, the human species would long ago have been extinct.”

But if we can accomplish comparatively little in the actual direction of disease, the necessity becomes more imperative that we should do that little wisely, and well. The importance and usefulness of the medical profession, instead of being diminished, will always be elevated, exactly in proportion as it understands itself, weighs justly its own powers, and professes simply what it can accomplish. It is no derogation from the importance of our art, that we cannot always control the events of life and death, or even of health and sickness. The incompetency which we feel in this respect, is shared by almost every man upon whom the great responsibilities of society are devolved. The statesman cannot control the destinies of nations, nor the military commander the event of battles. The most eloquent pleader may fail to convince the judgment of his hearers, and the most skilful pilot may not be able to weather the storm. Yet it is not the less necessary, that responsible men should study deeply and understandingly the science of their respective vocations. It is not the less important, for the sake of those whose safety



is, and always will be, committed to their charge, that they should look with unbiassed judgment upon the necessary results of inevitable causes. And while an earnest and inquiring solicitude should always be kept alive, in regard to the improvement of professional knowledge; it should never be forgotten, that knowledge has for its only just and lasting foundation, a rigid, impartial, and inflexible requisition of the truth.

## RUPTURE, CONVULSIONS, AND DEATH.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—Doubts have been entertained by the subscriber whether the following case, in its present imperfect state, would merit a place in the pages of your Journal. But on considering its nature, and the many valuable suggestions its premonitory symptoms and tragical termination furnish to the practising physician, for the prevention of a similar catastrophe, I have, after collecting all the facts relative to it that could, with propriety, be obtained, concluded to send you a brief history of it. If you think it sufficiently interesting, in the absence of all the important facts which a post-obit investigation would have enabled me to give, to justify you in presenting it to your readers, you are at liberty to do so.

CASE.—Mrs. B., of W., a highly respectable lady, about 30 years of age, was married eight years since, and though during this period she has enjoyed a good degree of health and has lived happily with her husband, she found herself pregnant last February for the first time. No remarkable change was caused by this occurrence, and her health remained unimpaired until August last. This, however, may be true but in part. From the commencement of uterine gestation she was troubled with flatulence, and a constant sense of uneasiness, with an undue distension of the epigastric region. But believing that such symptoms were usually experienced by women in her circumstances, she thought it unnecessary to apply for medical assistance, and by the advice of a friend took frequently portions of *magnesie sulphas et pulvis rhei*, which generally afforded her temporary relief. Towards the last of August these disagreeable sensations began rather to increase; and some time in the fore part of the present month, she found them so annoying that she was induced to resort to her family physician for advice. He gave her an anodyne tincture, informing her that in a few days he would call and abstract a quantity of blood, of which he was satisfied she had too much, and that the symptoms of her case strongly indicated the necessity of such a depletion. The tincture, like the salts, gave her but a brief respite from her sufferings. They were not, however, so severe as to prevent her from attending to her daily domestic concerns. She was more and more convinced, from the fulness of the veins and numbness of her arms and hands, which often caused her to let things fall, that the loss of blood her physician recommended was imperiously required. Many days passed away and her medical adviser did not call; yet she did not think herself ill enough to send for him.

On the 17th inst. the sense of fulness and distress at the pit of the stomach was greatly augmented. She, notwithstanding, attended during

the day to her ordinary avocations, and took as usual her regular meals. In the evening the pain and distension at the epigastrium was so severe, that with the advice of her sister she took a mild aperient, which operated kindly but without giving any relief. She then called for some *soot tea*, thinking that an emetic might relieve her. After drinking plentifully of this, she soon began to vomit freely, but this gave no mitigation of the pain. Retching and vomiting continued for an hour or two, when suddenly she became incapable of utterance, and very soon after entirely insensible. In about twenty minutes after this, I saw her for the first time. She lay in a comatose state, with a hard and full pulse, giving about 90 strokes per minute, with a clean tongue, cadaverous countenance, stertorous\* breathing, almost constant spasms of the arms, and her groans expressed intense suffering. Fresh blood was discovered in her mouth; and a number of the last ejections from her stomach, the attendants assured me, were very red. This last circumstance, however, was not mentioned to me until after her death. On inquiry, I found that she was expecting to be confined in about a fortnight, and it was strongly suspected by some present that she then might be in labor. This led me to make an examination per vaginam. The os uteri was closed, and the head of the child forced up into the epigastric region. I then immediately took a pint of blood, which relieved her of the spasms, and reduced the circulation to about 75 pulsations in the minute. She became quiet, but remained to all appearance totally insensible. I applied hot stimulating applications to her feet, arms and chest, cold ones to her head, volatile alkali to her nose, and administered a strong stimulating antispasmodic infusion, with a saline enema—but all in vain. After remaining tranquil about one hour and a half, she had a violent general convulsion. I then took another small quantity of blood from her arm, and gave her an anodyne draught. Respiration became again laborious, and the spasms of the arms continued for about an hour, when they gradually left her, and after a short time, perhaps from three to five minutes, suddenly, without a struggle or a groan, she ceased to breathe. Soon after this abrupt and melancholy departure, blood flowed freely from her mouth and nose. I eagerly sought the privilege of making a post-mortem examination, to ascertain what veins were ruptured, and the precise cause of her death; but the prejudices of her husband against such a procedure would not allow him to grant my request. This, undoubtedly, will prove to the profession a source of regret; but the refusal was prompted by a feeling so sacred, that but few of the most ardent lovers of science could desire its violation. Yet every intelligent practitioner who reviews the symptoms of her case from the commencement to the termination of her difficulties, will, I think, have but one opinion, either in regard to the means that should have been employed for the relief of her complaint and the prevention of the fatal casualty, or to the proximate cause of her sudden and sorrowful exit.

Respectfully yours,

*Wrentham, Mass. Sept. 29th, 1835.*

L. W. SHERMAN.

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\* The stertor was not like that produced by apoplexy or cerebral effusion, neither was it that which is vulgarly known by the name of *death rattle*; but it was something like stertor or a slight rattle with very laborious respiration.

*Queries.*—In the above case, what viscus, is it probable, was ruptured? Did the soot, independent of its active emetic property, have any agency in the destruction of life? Was the flatulence, with occasional acid eructations, and the sense of fulness in the epigastric region, which did not prevent her from taking her usual meals and attending as formerly to her daily avocations, sufficient evidence that there existed any very serious gastric affection? Could *new paint*, to which she was considerably exposed the day before her death, be the means of augmenting her difficulties? Had venesection been seasonably employed, would it have been likely to have afforded relief? Could emesis, in the surcharged state of the sanguineous system, with or without uterine contraction, be a prime cause of the rupture? If you, Mr. Editor, or some of your correspondents, will have the goodness to furnish an answer to the above interrogatories, it will at least oblige one. It may not be improper here to observe that the first ejections from the stomach, if I have been correctly informed, indicated a healthy state of that organ. The subsequent ones were probably colored with blood; though, as they were removed, I had no opportunity for examining them. It may also be added that the friends now regret that they did not allow me to satisfy my curiosity by autopsy.

Yours, &c. L. W. S.

#### REMEDY FOR RINGWORM.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—There is found on the 418th page of the 12th Vol. of your valuable Journal, an article under the title of Ringworm, in which you say that any practical suggestions on the treatment of that disease will be “regarded with interest.” I have the satisfaction of being able to inform you of a remedy that has in two cases proved a speedy cure. The remedy to which I allude is the nitras argentum (nitrate of silver, or lunar caustic).

The first instance in which I used it was that of a young man of 17 years of age, who had one on his face before, and one under and behind his ear. They had been of a year’s standing, and had resisted the use of ung. hydrarg. nitrat. fortius, gunpowder and vinegar, solution of corrosive sublimate, the juice of yellow dock, &c. I wet the skin on which the ringworm was situated, and a margin of sound or rather healthy skin, with water, and then rubbed a pencil of white lunar caustic over the ringworm and adjoining skin, until it began to be discolored and the patient experienced a smarting sensation. The skin was blistered, and a speedy cure was the result. The disease did not return.

The second was that of a girl of 5 or 6 years of age, who had a ringworm on the top of her head. The caustic was applied as before, and a cure effected without any blistering in a very few days.

When I was a boy, I cured a ringworm on my face by one application of the expressed juice of the yellow dock root. But this remedy has not always proved effectual. I once cured an herpetic eruption, resembling ringworm somewhat in its appearance, on the leg of an old man, with the expressed juice of green grapes. The eruption had been of

more than a year's standing, and had resisted all the remedies I could devise, until I applied the grape juice. The remedy was continued for some weeks before the cure was wholly effected. It occupied the whole leg and ankle, and was very troublesome to the patient.

Very respectfully yours. WM. A. BREWSTER, M.D.

Hampton, Conn. October 3d, 1835.

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## BOSTON MEDICAL AND SURGICAL JOURNAL

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BOSTON, OCTOBER 14, 1835.

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### EMPLOYMENT OF CREOSOTE.

It is impossible not to be deeply interested in the frequent reports of European practitioners on the value of this newly-discovered medicinal agent. In our own medical publications, so little is said of it, that it is fair to infer that creosote has thus far had but a limited trial in this country, or, at least, has been prescribed with so much caution, that no one feels justified in either praising or condemning it on such slight acquaintance. From the strongly expressed testimony of very eminent transatlantic physicians, we are bound to regard it in the light of a powerful addition to the catalogue of remedies, and the sooner, therefore, its value becomes known to those who may have distrusted the accounts which have occasionally been republished from foreign journals, the more fortunate will it be for them and those who seek their saving advice.

All ulcerations are reported to be speedily and favorably influenced by the creosote. It will be readily acknowledged that, under some circumstances, they are the most difficult and hopeless of all things in surgery. It were almost needless to refer to scrofulous and sanious ulcers of the female breast, or to those superficial, ragged, marginally inflamed sores on the lower limbs of aged people, as examples, which sometimes wholly bid defiance to the best conducted course of treatment; but even these, if the principle of health remains in the system, are reputed to yield to the prophylactic virtues of the creosote. Even in certain conditions of the body, where the tendency is to the reproduction of ulcers, showing themselves in new places very soon after their suppression in others, cases of which are doubtless familiar in every one's practice, they may be subdued by its internal administration.

Were no other uses found for the creosote, than those here slightly adverted to, it would rank as a valuable medicine. Its utility, however, is not bounded by these narrow limits; yet its sphere cannot be defined with certainty in this infancy of our knowledge upon a subject of such apparent consequence to the future comfort and restoration of the afflicted. Within a few months, by a course of judicious observations in the North London Hospital, under the superintendence of Dr. Elliotson, some additional information has been gathered with regard to its efficacy in preventing vomiting. This is another invaluable property. For ages it has been a desideratum to possess the power of obliging an irritable stomach to retain medicine. The evidence produced by the experiments seems to establish the fact, beyond a doubt, that a small quantity of creosote, prepared with mucilage, most effectually controls the organ,

even when the nausea and disposition to vomit are extremely urgent. In colica pictorum, and obstinate constipation, besides a variety of inflammatory affections, where severe sickness of the stomach was an accompaniment, it invariably acted favorably, by soon allaying the retching, and thus preventing the rejection of other medicines. A small quantity, commingled with whatever potion is given, is recommended as a prudent course.

Enough, it is apparent, has been advanced from the best authority, to excite our particular attention ; and it cannot appear strange, therefore, if we urge upon our professional brethren their immediate attention to a medicine which promises so much. Not only are we solicitous to have it resorted to in the class of ills in which it has the reputation of being so remedial, but we are ambitious, also, for written opinions and observations, that there may be neither misapprehension nor misunderstanding, in respect either to doses or action, amongst our medical men. Every practical remark, calculated to guide the less experienced, embracing individual views of the real advantages of its use, based upon actual observation, is no less desirable to ourselves than to all the members of our profession and to the community at large.

The circumscribed boundaries to which the materia medica has been confined, or rather recommended to be restricted, by some modern theorists, would exclude many of the most efficient and powerfully effective remedial discoveries, simply because they have not antiquity in sufficient weight to recommend them to those who only estimate the value of a drug by its longevity. There is no danger of multiplying medicines ; yet the sooner very many articles which have had a respectable rank are totally abandoned, and indigenous medicinal plants are more critically analyzed and introduced in their places, the greater will be the triumphs of the healing art in America.

#### INFLUENCE OF PROFESSIONAL OCCUPATIONS.

DR. LOMBARD, of Geneva, has lately instituted researches into the civil registers of that city, with a view to ascertain the age and profession of the individuals whose names are therein inscribed, from 1796 to 1830, and has published the result of his labors in the "*Annales d'Hygiene Publique.*" The number whose ages and professions have been determined with perfect exactness, is 8488. The average duration of life for the whole was 55 years ; and taking this as the mean term, he divides professions into two classes—those in which the average of life is more than 55 years, and those in which it is less. The first class comprises a list of 79 professions, amongst which are placed the physicians ; the latter, 57, and includes surgeons.

From the extensive table which the author has drawn up to illustrate this point, we select a few examples :

Number of Deaths.	Professions.	Average Age.	Number of Deaths.	Professions.	Average Age.
71	Magistrates . . . . .	68 1	41	Printers . . . . .	54 3
275	Independent persons . . . . .	65 8	77	Butchers . . . . .	53 0
52	Protestant ministers . . . . .	63 8	78	Coachmen . . . . .	51 0
476	Merchants . . . . .	62 0	82	Bakers . . . . .	49 8
152	Goldsmiths . . . . .	61 6	62	Locksmiths . . . . .	47 2
1073	Watchmakers . . . . .	55 3	65	Painters in varnish . . . . .	44 3
41	Surgeons . . . . .	54 0			

This table, it will be seen, differs materially from others of a similar

nature drawn up in different countries, and we are inclined to doubt whether any deductions can be drawn from such calculations, which will be of universal application. The difference between the average lives of mechanics and those at the head of the column, in the above table, is, if we are not greatly mistaken, larger than exists between such classes in the United States. The author considers a "comfortable income" a matter of the greatest importance in producing longevity—the difference between the rich and the poor being greater, in respect to the duration of life, than that between any two branches of professional or mechanical occupation. The difference between those, even, who work in the open air and those whose trade renders a sedentary life necessary, is only, according to the author's calculations, from 1 2-5 to 1 3-5 years; while that between the liberal and industrious professions, is 4 3-5 years, and between the industrious and working classes, 2 4-5 years.

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#### NEURALGIA OF THE UTERUS.

We have read the report of Mr. Bartleman on a case recently under his care, which yielded so readily to sulphate of quinine that the fact is of consequence, and should be treasured up as a valuable hint, inasmuch as neuralgic affections of that organ are doubtless more frequent than suspected, and often badly treated, from the simple circumstance that the true character of the disease is not suspected. One of the indications of its existence, is violent pain in the body of the uterus itself, occasionally darting down to the knees, accompanied by a slight tenderness over the region of the lower bowels, with pain also along the spine of the ilium. In the instance under consideration, Mr. B. ordered his patient to take *Sulph. Quinine gr. iij. et Ext. Hyoscyami q. s. st. pil.* every three hours, followed by an infusion of senna. Perhaps one of the most frequent predisposing causes of this condition of the uterine nerves, arises from partial eversions, and not, as has been intimated, from injections. Certain it is that the painful affection may also arise from extreme local debility; but thus far, the indications of the character of the complaint have been uniformly the same, and it is hoped that the quinine may prove an unfailing specific.

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*Massachusetts Medical Society.*—A regular meeting of the Counsellors was held at the Athenæum, in this city, on Wednesday last, the particulars of which will be given next week. Dr. R. Fowler, of Stockbridge, Berkshire county, was elected to deliver the annual discourse on the next anniversary of the Society, in place of Dr. Bugbee, of Wrentham, who has declined the honor, in consequence of a recent and severe domestic affliction.

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*Appeal from the Pulpit for the benefit of a public Charity.*—In this republican country, whose charitable institutions cannot boast of any regal or titled patrons, but depend mainly for support upon the munificence and liberal spirit of men whose noblest titles to distinction spring from their benefactions and generous exertions to afford relief to the sufferings of their fellow creatures, it would appear somewhat indecorous, to say the least, to make an appeal from the pulpit in favor of any eleemosynary institution, however meritorious. It may not be amiss to state that the "Royal Dispensary" alluded to below, purports to be under the imme-

But to return to the subject which has elicited these remarks, to wit :—  
“ On Sunday morning a sermon was preached at St. George’s, Hanover Square, by the Bishop of Bath and Wells, for the benefit of the Royal Dispensary for Diseases of the Ear and the Deaf and Dumb, Dean St., Soho Square. His Lordship stated that, since the establishment of the institution in 1816, upwards of 9,630 patients, afflicted with deafness and other diseases of the ear, had been cured or relieved, including several cases of deaf and dumb. The Rev. Prelate remarked, that though nature rarely errs in the perfection of her works, and that it is only in a few insular cases that a real structural deficiency in the organ of hearing exists, yet it is a remarkable fact, and indicative of the almost total neglect with which diseases of the ear have in general been treated, that in Europe alone there are upwards of 137,000 persons deaf and dumb ; so that here is an additional evidence of the need there was for such an institution, and of the misery it may in future be the means of averting. After the sermon several children born deaf and dumb, who had obtained their hearing and speech at the Dispensary, attended in the vestry ; among whom were two boys sent by order of the King ; also, a young woman likewise born deaf and dumb, who readily answered every question put to her by the Bishop and others.”

*Sheet Lead as a Dressing for Wounds.*—Reference is made in the medical periodicals to this mode of dressing ulcers and other wounds, for the purpose of promoting cicatrization. It was first proposed by M. Réveillé-Parise, and has been employed successfully by him and others. It is confined by a compress and bandage, or by strips of adhesive plaster. Its operation is intended to be purely mechanical, and it is said to be more simple, expeditious and comfortable than any other dressing.

[illegible]

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Whole number of deaths in Boston for the week ending Oct. 10, 40. Males, 23—Females, 17.

Of measles, 9—cholera infantum, 3—scarlet fever, 2—consumption, 5—infantile, 6—throat distemper, 2—delirium tremens, 2—cholera morbus, 1—croup, 2—mortification, 1—ulcer, 1—typhous fever, 1—inflammation of the bowels, 1—paralysis, 1—dropsy of the brain, 1—lung fever, 1—cramp in the stomach, 1.

## ADVERTISEMENTS.

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THE subscribers are associated for the purpose of giving a complete course of MEDICAL INSTRUCTION, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive Clinical Lectures on the cases which they witness there.

Instruction, by examination or lectures, will be given in the intervals of the Public Lectures of the University.

On Midwifery, and the Diseases of Women and Children, and on Chemistry	By Dr. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica	By Dr. WARE.
On the Principles and Practice of Surgery	By Dr. OTIS.
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For the greater accommodation of the Class, a room is provided in the house of one of the instructors, having in it a large library, and furnished with lights and fuel, without charge to the students.

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The Fees are to be paid in advance. No credit will be given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. WALTER CHANNING, Tremont Street, opposite the Tremont House, Boston. 6m.

WALTER CHANNING,  
JOHN WARE,  
GEORGE W. OTIS, Jr.  
WINSLOW LEWIS, Jr.

Boston, April 1, 1835.

### AN EXCELLENT CHANCE FOR A PHYSICIAN.

A PHYSICIAN in one of the western counties of New Hampshire offers to sell his stand, situated in a pleasant and flourishing village, and no other physician within five miles. For further particulars, inquire of the Editor of this Journal, or of Dr. Richards, of Claremont, N. H. Oct 7

### MEDICAL AND SURGICAL EDUCATION.

THE subscriber continues to receive medical pupils at the United States Marine Hospital, Chelsea, and to offer them the following advantages.

The Institution at present contains seventy beds: all of which are occupied during the autumn and winter by the subjects, both of medical and surgical treatment. The number of patients in the spring and summer is rather less. The average number daily, throughout the last year, was between fifty-five and sixty. The number is annually increasing. A greater variety of disease is thus presented, than is to be found in those hospitals exclusively appropriated to the poor of any city.

The students have unrestrained access to these cases during all hours: as also to the extensive apothecary shop connected with the establishment.

A valuable medical library is offered for their use.

Facilities for the cultivation of demonstrative anatomy, are afforded through the winter.

The students are provided with a suitable apartment in the hospital, which is furnished with fuel and lights, without charge.

Fees, \$50 a year.

Board may be procured in the vicinity of the hospital, at from \$2.50 to \$3.00 per week.

Boston, April 21, 1835.

(April 29.—tc.)

C. H. STEDMAN.

### A STAND FOR A PHYSICIAN.

A PHYSICIAN in the State of Maine, in a pleasantly situated, small, flourishing village, about 25 miles from Portland, wishes to dispose of his stand. Being a very eligible stand, and affording abundant practice, it offers a good opportunity for a physician to establish himself. For further particulars, apply to the Editor of the Journal; if by mail, post-paid. Sept 23—3m

### WASHINGTON MEDICAL COLLEGE OF BALTIMORE.

THE Annual course of Lectures in this Institution will commence on the last Monday of October.

JAMES H. MILLER, M.D. Professor of Anatomy, Physiology and Pathology.

SAMUEL K. JENNINGS, MD. Prof. Materia Medica, Therapeutics, Hygiene, and Medical Jurisprudence

WILLIAM W. HANDY, MD. Professor Obstetrics and the Diseases of Women and Children.

JOHN C. S. MOURK, MD. Professor Theory and Practice of Medicine.

JOHN P. METTAUER, MD. Professor Surgery and Surgical Anatomy.

EDWARD FOREMAN, MD. Lecturer on Chemistry, &c.

WASHINGTON R. HANDY, M.D. Demonstrator of Anatomy. This department will be open from the 1st of October. Sept 16—3x

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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[NO. 11.]

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## ON THE EFFECTS OF MALE FERN BUDS, IN CASES OF WORMS.

BY JOHN FOSBROKE, M.D. PHYSICIAN TO THE ROSS INFIRMARY.

THE more certain remedies generally used for worms are so disgusting, that many adults and children cannot get over the loathing of them. They dislike the tin, because it produces a belching of gas, like sulphuretted hydrogen; the cowhage, because it "sticks in their throats, and all the way down;" and the turpentine, because its flavor is "quite hateful," and its effect not an exhilarating, but a crying drunkenness.

These objections prompted me to look about for a more agreeable remedy than either of them, and of equal efficacy. Dr. Peschier, of Geneva, asserts that he has cured 150 cases, of lumbrici, tricocephales, and teniæ, in nine months, with the **ETHEREAL TINCTURE OF MALE FERN BUDS** (*polypodium filix mas*), in doses varying from viij. to xxx. gtt., in as many pills as there are drops. His brother, an apothecary at Geneva, and the discoverer of this "tincture" or "oil," gives it in thirty to thirty-six drop doses, in syrup or castor oil, or in pills, one half at night, and the other on the following morning; and, two hours after the morning dose, 3ij. Ol. Ricini. This quantity is usually sufficient to expel the worms. I have given it on a lump of sugar, and no child has hitherto revolted against it. It has had three results; either it has killed or *burst* the worms, or it has urged them from the bowels alive, or it has had no effect at all. My worm cases as yet have been too few to develop its powers, and the preparation used was made of dried stalks and buds obtained from Covent-garden market, and not worth relying on. An herb-gatherer from the Forest of Dean brought me about a peck last month, the tops or buds of which have been snipped off, and, after drying by insolation, put into a quart of ether. This person, an intelligent sort of woman, informs me that her grandmother, Sarah Boughton, in my father's parish of Ruardean, who died, aged seventy-five years, about twelve years ago, and was what the country venerate under the name of a "yarb woman," was wont to gather the male fern buds, and let them wither, and then dry them in an oven and reduce them to powder, which she gave to children for worms. Her grand-daughter also bruises the stems (the redder the better), boils them to a thread in fresh liquor, and so makes an ointment, with which, she says, she scatters gathering breasts with great success. In this part of the country, fern is boiled and given as food to pigs.

Madame Noyau, or Noyer, raked up the powder of the root from the tombs of the ancients, and procured a reward for it from the French government as *her* specific, forsooth! This woman, like a great many

other people who pretend to have discovered what was very well known before, had the fame of having brought it into notice—I apprehend, from the good luck of being about great people and the court.

Nicholas Culpeper, who lived long before her (from 1616 to 1653); but was not quite so conspicuously situated, anticipated her in all she knew of it in cases of teniæ, for he distinctly says, “It kills both *flat* and *round* worms.” William Salmon (1684) says, “It kills *long flat* worms, drunk in mead with gr. x. of scammony, and so it expels the dead child, and helps obstruction of the spleen.” *New London Dispensatory*, 1676, pp. 56–7). In his splendid folio Herbal (1710) he directs 3j. of the powder of the male fern to be given with gr. xv. of scammony in black hellebore. Whether old Gerard, who wrote in Elizabeth’s reign, and whose placid discourse savors of “the sweet and pleasant flowers” which he describes, anticipates these qualities of the fern, I am not aware.

The female fern has the same properties as the male, but is weaker. I have not entered all my worm-cases in the case-book; some, however, are preserved.

On March 29, 1834, the four children of Thomas Preere, of Brampton Abbots, were ordered to take eight pills twice a day, each pill consisting of a bitter extract, and containing gr. j. of the ethereal tincture of male fern buds. The worms came away dead and “burst” from all of the children, who then took a purge of salts and senna, and, on April 5th, another round of the fern-drop pills. On May 7th the mother told me they were free from all symptoms and appearances of worms, and they were directed to take a teaspoonful of common salt in water once a week to remove the disposition to them.

On the 24th March, 1835, Mary Nelms brought her two children to me for worms. I ordered them to take gr. x. of the ethereal tincture of fern buds three times a day on a lump of sugar, and a x. gr. purge of scammony, gamboge, jalap, and calomel, every third morning. One of the children after taking the drops voided six worms, one after another, alive; the other a still greater number.

On the 9th of March preceding, Joseph (æt. 2) and Mary Jackson (æt. 5), George Meredith (æt. 9), and Elizabeth (æt. 2½), took the same remedies, and passed quantities of thread-worms (*cucurbitina*), after taking the powders, alive. I then ordered them to take muriatic acid.

Ann Mansell came to me on the 14th of April last, with three children,—Marianne (æt. 5), Esther (æt. 2½), Joseph (æt. six months): she had “seen worms full of young ones” come from the first two. I ordered them the preceding remedies, but they passed nothing except slimy mucus, which frequently exists without worms, and is attended with the same symptoms.

On the 7th of May, Charlotte Meredith brought her two children again; a boy æt. 4, and a sucking infant. The last had passed worms *while at the breast*. The fern-bud tincture was given till the 4th of June without effect, and I then ordered calomel to be taken at night, and scammony and jalap in the morning, which removed them. She thought she had given the tincture in a wrong manner, as it had fully succeeded

with Jackson's children under the same roof. Both these families lived in a situation where they were constantly subject to worms.

It is not known, I believe, that iodine will kill worms. Thomas Greenaway, æt. 23, affected with phthisis and pyrosis, of which he ultimately died, inhaled Sir C. Scudamore's combination of iodine (a remedy from which no consumptive patient under my care has received the slightest benefit, but, if anything, rather harm), upon which he passed white worms an inch long, with flat heads (*cucurbitina*?). I gave him—R. Sp. Tereb. Rect. 3j. ; Ol. Ricini 3ss. ; Liq. Opii Sed. gtt. vj. M., ft. haustus. It brought away upwards and downwards the *debris* of at least fifty dead worms of three sorts, all of which appeared to have been killed from the time he inhaled the iodine. He lost a dreadful gnawing of the stomach, which had been ascribed to gastrodynia, and upon which the old writers laid so much stress as a characteristic symptom of worms in occult cases attended with convulsions.

The gipsies put a branch of French holly (variegated garden holly), with the leaves and thorn at the end, into an oven and dry the leaves, and then reduce them to powder, of which they give as much as will lie on a sixpence five or six times, and report it to be a sure vermifuge.

The foresters of Dean give the bear's foot (*helleborus fatidus*) in a sufficient dose of the dried leaves to cover a sixpence. It was recommended by Schroder and other old writers, and is mentioned by some moderns as "possessing extraordinary anthelmintic powers," but it is violent and dangerous, according to the former, to "gross bodies," and to all except "strong bodies." Gunpowder in gin (3j. to 3j.), is considered a popular and effective anthelmintic, in some counties, particularly, I believe, in Cornwall.

The extract of esula or sponge was the general worm-remedy of the old physicians, who ascribe great cures to it. The drastic purgatives are commonly used in the country by medical men, but are very uncertain; they serve to remove the mucus in which the worms exist, and expose them to the action of more direct anthelmintics.

What are the causes of invagination?

Herefordshire is quite a worm country, among the laboring classes, on the hilly parts in this neighborhood, though they have places of their own, tenements and gardens, and some orcharding or arable, taken out of the waste, and are nothing like so ill fed, clothed, and employed, as their own order in many other counties; they are rather, generally, a relic of the almost extinct race of English peasantry. But there are very few of their children that are not possessed of worms, putting one in mind of Swift's lines:—

"Whatever we do, whatever we see,  
All mankind are worms."

The worms come alive at the same time, in many cases, from the mouths and ani of grown persons and children, which happens, according to Dr. Robert Dyer, among the blacks in the Mauritius. Professors and authors ascribe them to bad air, bad food, want of sun, vegetables covered with larvæ, and bad water containing the small germs of them (*Professor Elliotson*), and invisible ovula floating in the atmosphere, obtaining admission into the alimentary tubes of persons, chiefly children

and sickly adults, whose animal fluids are in such a state as to form a proper medium for their growth and increase. (*Anon.*) Many persons, on going to particular parts, have suddenly been subject to worms, just like other people in that particular neighborhood. Persons who have drunk bad water, have frequently from that time most decidedly had worms. In a particular family the whole, as well as the servants who came, had ascarides. They were discovered in a well, from which the people drew their water, and went away on the people ceasing to drink the water. (*Dublin Transactions*, Vol. II.) Drs. Thompson and Rickets gave the case of a young woman in Ireland, "who drank water from the graves of pious clergymen!" This idiot, by way of a blessing upon holy-water drinking, threw up 700 larvæ of the common beetle and of diphtherous insects, and, in the course of a year and a half, 1300 more! The larvæ of cheese and game, called hoppers, and of the pantry fly and beetle, may be introduced and flourish in debilitated stomachs and bowels. (*Good.*) Preece's wife, whose children's cases I have mentioned, told me, that for want of any other water they were obliged to drink brook water, which, after a time, was covered with floating appearances, to which she attributed the generation of worms in her children. But if they were taken in with the water, how did it come to pass that she had a child *at the breast* so full of worms that they crawled alive out of the mouth and anus, as if the child were eaten up by them? The irritation and convulsions which ensued were fatal. How could this child, nourished with breast milk, or with pap made with boiled water, so derive them; or how does it happen, if water be the chief cause, that worms are quite as common where the water certainly is not blame-worthy? If children at the breast have worms, the saying of John Wesley, who collected into his "Primitive Physic" all the old women's sayings and "*desper't good receipts*" in the country, that "worms are never found in children that live wholly on milk," is not true. Bad diet, the eating of trashy fruit and vegetables, the lying about of filth and decayed animal and vegetable matter covered with larvæ, faulty nutrition, vitiated secretions of the mucous membrane of the stomach and intestines, and peculiar states of health, in which, nevertheless, ruddy cheeks and animal vigor may not be wanting, certainly predispose to worms; but still the question, "Whence come they, and how do they get there?" is not solved.—*Lancet*.

#### ON THE CAUSES OF SPONTANEOUS HUMAN COMBUSTION.

FROM AN ESSAY BY JAMES OVERTON, M.D. OF NASHVILLE, TENNESSEE.

[Concluded from page 154.]

By what means, then, it may be here repeated, are we enabled to account for the extreme combustibility of the living body, which is present in cases when it is the subject of spontaneous combustion? This state is said, in general terms, to be the effect of an asthenic state of the organism; which condition may be the product of very numerous and different causes, as old age, protracted disease, sedentary and other debilitating habits, and any excesses in modes of living calculated to enervate and

enfeeble the constitution of the subject. The abusive use of strong drinks, and especially of brandy, on the continent of Europe, is known to produce great debility of the system, and particularly of those vessels which are termed absorbents. This condition in certain cases seems to be incompetent to give rise to a mass of inflammable material, and which seems capable of accumulation in different portions of the system in greater or less abundance, in conformity with its diversity of structure in its different parts. It is argued that a material thus characterized, must of necessity possess the property of penetrating easily through the cells of the cellular membrane, which is everywhere distributed in greater or less abundance through the substance of the organism. This membrane is modified in its aspect and functions in different localities, by the property of greater or less density, in accordance with the peculiar collocation of its fibres in the individual portion of the body which may become the object of any particular observation. In some parts, it is more dense and impervious; in others, its structure is loose and reticulated, affording in such cases an easy transit of fluids through its substance from cell to cell, of which its structure is apparently only a continued series. The combustible material above alluded to, and which is supposed to be accumulated in the cellular tissue, should also possess the quality of retaining its own combustibility even when in contact with liquid substances; otherwise its efficient properties in the present instance would be destroyed as fast as it was produced, by the fluids of the body, with which it would be placed in contact. The material, therefore, in this instance, which is competent to render the whole body imminently combustible, must, in addition to other qualities, possess the property of preserving its own combustibility when placed in protracted and intimate contact with fluid bodies.

There are no known bodies in which these apparently indispensable conditions unite in so high a degree as in the inflammable gases; and it is believed that, without the admission of the agency of these, it will be utterly impossible to furnish anything like a satisfactory explanation of the phenomenon of spontaneous combustion. To render the human body then combustible, it appears to be indispensable that we should admit also the accumulation of inflammable gas in the cellular tissue of the body, after the mode in which lymph is accumulated in the same membrane, in persons affected with the disease of anasarca. It is not, however, necessary that we should assume as pre-existent, the whole quantity of this gas needful for the entire incineration of the body; an effect which is sometimes, nay frequently, the product of these accidents. The process of combustion having once been set up through the instrumentality of the causes which have been noticed, we may reasonably suppose that it might be continued, through the agency of other gaseous materials, the product of the combustion of different portions of the body charged with the inflammable gas, and which had primarily contributed to render it combustible.

It is objected, however, to this explanation of the combustibility of the body, that upon the supposition of its truth, there must have existed in all persons who have been the subject of its attack, a general emphysematous state of the body; which state, though sometimes present, is by

much too rare an occurrence to justify the very important roll assigned to inflammable gas, in the above theory of spontaneous combustion.

The supposition, however, already stated, viz. that the entire quantity of inflammable gas present in the incipency of most instances of this process, has been incompetent to its completion, but sufficient only for its inception, whilst that additional quantities are produced during its progress, is calculated to evade the force of this objection, and to maintain the theory unhurt by the discredit which this objection was intended to produce. Hydrogen gas is one of the principal elements of the animal living body. Its presence is abundantly disclosed by unquestionable phenomena during life as well as death; and it is submissive, during this association, to the most varied combinations with carbon, sulphur and phosphorus. Notwithstanding the general admission of this principle which has obtained, it has been thought not unnecessary to detail a few special instances confirmatory of this belief of its frequent existence, and calculated to bring it into closer connection with the particular subject of spontaneous combustion. Among these may be mentioned the case of Morton, who saw a flame to emanate from under the skin of a hog, at the instant of making an incision through it. The animal was dead at the time of making the observation.

Ruysh having introduced a hollow bougie into the stomach of a female subject, whose abdominal cavity had just been opened, observed a vapor to spout out through the tube, and which took fire as it came into contact with the surrounding atmosphere. He remarked a similar fact in the examination of another female, who for the last four days preceding her death, had taken no kind of nourishment—and in other observations which he made, this gas generated in the stomach, and brought into contact with the atmospheric air, was observed to take fire without the intervention of any other body in a state of ignition. Such among many others is the case reported to have occurred near Neufchâtel in France, and detailed in the memoirs of the Royal Academy of Sciences of Paris for the year 1751. A butcher opened a beef which had been some time diseased and was very much swollen; at this moment an explosion took place, and there issued from the maw of the animal, a flame which rose to the height of more than five feet, wounded the butcher as well as a little girl who happened to be near him, continued to blaze for several minutes, and diffused around a highly offensive odor. The production of hydrogen gas, also, in some of the cavities of the body during life, is a fact too notorious to be the subject of question or doubt. It is known to take place daily in the intestinal canal; and instances, such as have been cited above, are by no means rare in the annals of medicine. Many writers speak of burning eructations. They appear to have occurred most frequently in northern latitudes; when after an abusive use of ardent spirit, the inebriate has suddenly exposed himself to the impression of a cold and dry atmosphere. Not many years ago an instance of this latter character was published in the National Gazette of Bohemia. It occurred in the person of a shepherd, who died in the presence of many witnesses to the catastrophe, in consequence of a burning eructation, and which no means were competent to extinguish. In these cases of inflammable eructations it is supposed, with much plausibility, that the

decomposition of alcohol and of animal substances which were present in the stomach, had formed in this cavity phosphoreted hydrogen gas, which, being spontaneously combustible, has taken fire when expelled and placed in contact with the common air of the atmosphere. In these cases, the inflammation has been confined to the air expelled by eructation, and has not extended to other parts of the body, because its cause was evidently local and had not diffused itself to the organism generally.

Of the combustibility of the body, none, it is presumed, will any longer doubt; of the *quo modo* of the production of this strange condition of the living organism, none have as yet supplied us with a desirable explanation. The explication, however, has been attempted, and seems plausible enough. It consists in the assumption of the existence of the matter of hydrogen gas, diffused in greater or less quantities through the body, according to the structure of its different parts, and transmitted by the agency of the cellular membrane. Whether this gas is formed in the stomach and alimentary canal, and subsequently transported to the cellular tissue by the absorbents or other vessels, or be primarily formed in the vesicles of this tissue, by an action peculiar to its own functions, we are furnished with no information which enables us to decide. The fact as before stated, is assumed in the absence of such evidence as could be esteemed competent for the perfect establishment of its truth; and rests apparently upon the considerations that hydrogen gas does manifestly exist, and that to a considerable extent in other parts of the body; and that without the supposition of its presence and agency in the cellular tissues of the body, it will be impossible to account for the phenomena which are frequently presented in spontaneous combustion. It is argued, however, that because we are obliged by the force of competent testimony to admit the development and accumulation of hydrogen gas in other parts of the body, it would require no unreasonable credulity to believe in a similar development and accumulation in the cellular tissue, more or less abundant in different localities, according to the greater or less laxity of this membrane in the different portions of the body; and that as a corollary from this admission, the softer parts of the body as a necessary consequence would be much subject to those gaseous accumulations—as the trunk of the body, which from the greater laxity of its cellular tissue seems specially liable to these accumulations. The generation then of an inflammable gas, and its general diffusion through the cellular tissue of the body, seems to be a condition of the living system, necessary for the production of that state which renders it combustible.

But supposing the foregoing etiology of the disease to be made out with entire satisfaction, by the facts and arguments which have been submitted, there still hangs over this obscure subject, difficulties which claim to be removed, before we can justly pretend to have arrived at anything like a perfect apprehension of its character. For, even in conditions of the body such as have been assumed, having its cellular tissue thoroughly imbued with the matter of inflammable gas, and hence imminently combustible, or, in simpler terms, easily set on fire by the intervention of an ignited body, yet "spontaneous combustion" could not under such circumstances take place, except in the single case in which phosphoreted hydrogen, the only spontaneous combustible gas shown to be generated

in the living body, should be the material collected in the tissues of the system. In the case last supposed, we cannot hesitate to believe that "spontaneous combustion" would occur, as soon as this gas escaping from the cells of the body should find itself in contact with the common atmosphere; and thus would exhibit most of the phenomena, and possibly an important illustration of the causes of spontaneous animal combustion.

For the purpose therefore of affording a reasonable explication of the accident, in conformity with the supposition of the presence and diffusion of the matter of hydrogen gas, it is apparently indispensable that we should account for the production of an ignited spark, by the agency of the living body, from causes intrinsic of itself, or by other causes immediately, but usually in harmless contact with its surface. This has been attempted to be done, and has been accomplished with much plausibility, through the agency of electricity, at the least in some instances. For, cases of this accident are on record, in which the circumstances of the sufferer have been clearly ascertained to have been inconsistent with the possible agency of any cause of ignition, other than such as may have been derived from the surrounding atmosphere.

By the comparison of these and other facts of a similar nature, with the phenomena of the accident as it occurred in the persons of Father Bertholi, and of our own townsman, we are strongly induced to assign to electricity a very important roll among the productive agents of spontaneous combustion. We shall indeed be induced to look upon this material as probably the most frequent exciting cause of these accidents; and without whose presence and agency most if not all of them could not have occurred. Are we competent to show in what manner this electric spark is produced by the agency of the living organism? Upon the hypothesis stated, this will be an indispensable requisition, in order to account for the commencement of the combustion, in materials not spontaneously combustible. To this inquiry it may be answered that the ideoelectric character of many animals, is a fact which is too notorious to admit of denial. It is equally true, though somewhat less the object of common observation, that this ideoelectric power is possessed in a high degree by many individuals of our own species. Of the entire truth of this assertion we are not permitted to entertain the least doubt. Testimony is abundant, and unanswerably conclusive in support of its authenticity. The celebrated traveller Brydone, made experiments upon a female, who possessed this ideoelectric property in so high a degree, that brilliant electric sparks glistened upon her hair, whenever she combed her head. Brydone even succeeded in charging a Leyden phial with these electric particles, and ignited spirit of wine with the sparks drawn from the same source. The weather was freezing during the time of the performance of these experiments; and in this respect, similar to the character of the atmosphere which is present at the time of the occurrence of most cases of spontaneous human combustion. A similar ideoelective power is said to be possessed by an eminent statesman of our own country, Mr. Dayton, of New Jersey, and that this property was upon one occasion particularly manifest, whilst attending to his official duties at the city of Washington. In taking off his stockings, which were



composed of silk and wool, at bed-time, brilliant electric sparks were strikingly apparent upon the whole surface of his leg. Had the state of the organism favored its development, "spontaneous combustion" would upon the present occasion have been established. The exciting cause was present and in great activity, and failed to induce the catastrophe, only because of the absence of the requisite predisposition, which intemperance and other causes of debility are known to engender. The cases which have been stated, together with such as have fallen within the observation of most persons, might be competent for the ample establishment of the existence of this ideo-electric property in the human species. The fact, however, rests upon broader foundations; and the books of medicine, ancient as well as modern, may be referred to, as furnishing abundant and well-attested instances of a similar nature. The accumulation of the inflammable gases in the bodies of the victims of spontaneous combustion, is supposed also to augment this ideo-electric property; and the temporary or accidental application of warmth in cold atmospheres, has been esteemed favorable to the explosion of the igniting spark. It is in this way that the proximity of fire or a lighted candle has been thought in some instances to have aided in the production of the spontaneous combustion of the human body. In other cases upon the same principle, a similar aptitude for the development of this accident has been attributed to the effect of exercise, capable of elevating the natural standard of animal heat; or to any other cause, such as friction by electric on the surface of the skin, favoring the production of an electric spark, in persons possessing ideo-electric properties.

The electric spark excited in the foregoing manner, pervades with astonishing rapidity the whole body of an individual, impregnated as it were in all its parts by the material of combustion; and this material becoming ignited at all points almost at the same instant, is so constituted that it will not be extinguished by the aqueous portions of the body, in consequence of the little chemical affinity which exists between their elements. The combustion has consequently, in the greater number of cases, been produced with such rapid and unchecked activity, that the unfortunate victims of its infliction have not been afforded the time to call assistance for their relief. The flame, as has been proved by the observation of others in some few cases, has in the first instance swept rapidly over the external surface of the body; its inception being confined to this exterior locality, because here alone its material could be in contact with the common air, an element essential to the existence of the process. From this beginning the combustion has been rapidly propagated in the manner heretofore attempted to be explained, to the more deep-seated portions of the organism, indeed to the entire substance of the body. The process, however, which we have just stated, is not in every instance of this general character. In some instances it appears to be restricted to portions of the body of less or greater extent, and gives origin to those cases of partial spontaneous combustion, a few of which have been detailed in this essay, as meriting particular notice.

I have thus, gentlemen, attempted to submit for your consideration, some account of the phenomena, causes and character of "spontaneous human combustion." The subject is one of great obscurity, and of

comparatively very unfrequent occurrence ; and consequently has not received the close, repeated and critical examination from the profession, which has been bestowed upon many other objects of medical inquiry. The explication of its phenomena which has been tendered, though subject doubtless to many objections, appears however to be the most plausible of any which is afforded by the present state of our knowledge.

#### DENTAL SURGERY.

[A RESOLUTION was laid before the Counsellors of the Mass. Medical Society in May last, which had for its object an elevation of the practising dentist, to all the privileges and immunities of the practitioner of medicine—making mechanical skill in a particular department of surgery, equal to the acquisition of abstract science. The adoption of the resolution would, in fact, have been the declaration of a learned body of savans, that a knowledge of dentistry, alone, was equal to the sum of all that pertains to the healing art. The report of the committee is excellent, being both respectful and judicious, and we heartily commend its perusal to the advocates of order and method in the arrangement of useful knowledge.—ED.]

The Committee to whom were referred, at the meeting of the Counsellors in May, 1835, several resolutions relative to dental surgery, have had the same under consideration, and respectfully submit the following report.

The object of these resolutions is to require that the medical practitioners, heretofore called dentists and surgeon-dentists, be regarded in the same light as physicians and surgeons in the common acceptation of these terms ; and that, accordingly, the By-Law of the Society forbidding consultation with irregular practitioners as described in the same, be considered as applicable to dentists or surgeon-dentists.

Your Committee approve the object of these resolutions as above stated ; but some other things are also embraced in them. Without a direct reference to them, the Committee will offer such observations as will explain their own views, and then propose a measure to be adopted.

The business of the dentist is partly mechanical, such as extracting teeth, filling cavities in them caused by caries, and making and fixing in the mouth artificial teeth. These offices may be performed as directed by a physician, or at the will of the patient, who takes the responsibility on himself. But it is obviously convenient that the dentist should himself understand the physiology and pathology of the teeth, so that he may be able to advise the patient as to these operations, and as to all other matters connected with the teeth ; as well as that he may successfully study the treatment adapted to the diseases of these important organs. Yet as the teeth, although differing from other organs in very important points, are subject in some measure to the same laws as other organs in the animal body, and are intimately connected with them, the dentist cannot well understand their diseases without an acquaintance with the science of medicine generally. It is then to be desired that this branch of

surgery, called dental, should be conducted by those only who are prepared by education to practise any branch of the healing art. It is however very doubtful whether any advantage would arise from creating or recognizing a separate branch of the medical profession under the name of dental surgery. There might be as much reason for having branches for the distinct arts of the oculist and the aurist ; and perhaps for that of the lithotomist, &c. &c. It has been the policy of modern times to prevent this formal sub-division of the medical profession, and this has been true as respects our own country. It has been thought best that the education during pupilage should be the same for the physician and surgeon, and this is perhaps the universal practice in the United States. On entering into professional life, individuals give their attention to all the branches of the healing art, or devote themselves to one more or less exclusively ; but the distinction thus created is not formally acknowledged by our public bodies. It is true that this Society may give a license to practise either physic, or surgery, or both, to the candidates who apply to them ; but the custom has been, almost if not quite without an exception, to give a license to practise both. In Europe the inconveniences of a different course are much complained of, so that enlightened men in Great Britain, at the present day, are anxious to adopt a course similar to ours. It does not then seem wise to designate a class of medical men as dentists, whether by requiring that they go through a specific education, or by imposing upon them peculiar obligations, or by conferring on them peculiar privileges. Let it be left to individuals, who devote themselves to particular branches of the profession, to satisfy the public of their particular qualifications, as has been done heretofore.

There now recurs the question whether a fellow of this Society can or ought to consult with, aid or abet a dentist, if he is, not a fellow of the Society, or has not a right to claim admittance as a fellow into the same.

The practice certainly has been, ever since the adoption in 1804 of the By-Law respecting consultations, to allow such consultation and aid. This practice arose, no doubt, under the belief that the dentists confined themselves principally to the mechanical part of their business. When that By-Law was passed, very few persons in the Commonwealth were devoted to dentistry, probably not six ; and of those, such as were well known, were both ingenious and respectable men. At that time neither the physiology nor the pathology of the teeth had been much studied by medical men among us ; although Hunter's invaluable work had been published in the last century, it had not become known to many of our physicians, and still less had the subject been studied under the lights shed on it at the present day. In point of fact, the medical men who composed this Society in 1804 were probably aware that the few dentists in our State were better qualified than themselves, and, even, better than many of them wished to be, for the mechanical department of dental surgery ; and, without any formal act, it was settled by silent consent that the By-Law as to consultations should not be applied to dentists. This practical interpretation of the law through so many years must be regarded as settling the question, until some new law or ordinance is passed in regard to it. Since the period above referred to (1804), dental surgery has been studied and pursued more scientifically than previ-

ously, and by gentlemen of regular medical education. It would seem that the community must have derived palpable benefits from these scientific dentists, since the number of gentlemen among us, occupied almost exclusively as such, has greatly increased, and it is understood that they have been well supported. It is now a different question from what it would have been thirty years ago, whether the fellows of this Society should countenance any one entering this branch of the profession. The decision on this question should be made by a regard to the welfare of the community. If the fellows of this Society have any interest in the question, separate from that of the community, it ought not to influence the decision. The By-Law respecting consultations was adopted, and can be justified, on no other grounds.

From what has been stated it appears to the Committee that the welfare of the community would now be promoted by such measures as should tend to confine the practice of dentistry to regularly educated physicians, but not by a formal recognition of its practitioners as a distinct class of the profession; and as the subject has not been thus regarded heretofore, that some distinct act is necessary to establish the principle proposed. In adopting this act, however, it seems proper that the same regard be paid to those actually engaged in the dental practice, as was paid to general practitioners when the By-Law of 1804 in regard to consultations was adopted. The act proposed should not be made retrospective. Let those dentists, already engaged in practice, be recognized or not according to their personal characters and merits. By this provision we shall guard against injustice toward respectable individuals, whose experience may have enabled them to render very useful services to the suffering, although they may not be adequate to the treatment of all the diseases of the teeth, and who, moreover, have in fact been encouraged to enter on their business by the countenance of the fellows of this Society.

In conformity with the views here presented, the Committee propose the following as a substitute for the resolutions referred to them; so that, if the same be approved by the Counsellors, it may be duly brought forward at the next annual meeting of the Society, and be recommended to its fellows to be passed as a By-Law.

“From and after this annual meeting (1836), persons entering on the practice of dental surgery shall be regarded like other practitioners of medicine or surgery, so that the eighth By-Law shall be applied to them; provided, however, that the same shall not be applied to those persons who are already known as dentists.”

All which is respectfully submitted.

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## BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, OCTOBER 21, 1835.

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### MASSACHUSETTS MEDICAL SOCIETY.

A STATED meeting of the Counsellors was held at the Athenæum on Wednesday, Oct. 7th, at eleven o'clock, A. M. There appeared to be a

very good representation of the interests of the Society from adjacent counties, at a seasonable hour for the commencement of business. Dr. Warren, the President, having taken the chair, and the records of the last meeting having been read by the Recording Secretary, Dr. Homans, the Corresponding Secretary announced the names of the following gentlemen who have been admitted fellows of the Society, since May—viz.—Willard Parker, M.D. Pittsfield; John H. Gushee, M.D. Raynham; Francis Clark, M.D. Andover; William F. Perry, M.D. Mansfield; Ezra Stephenson, M.D. Barnstable; and Lewis G. Glover, M.D. Boston. He further presented a letter from Dr. Bugbee, of Wrentham, declining the honor of giving the next anniversary discourse, referred to in last week's Journal; the Counsellors, therefore, by ballot, elected Dr. Fowler, of Stockbridge, in his stead, whose acceptance has not yet been received. An abstract of a very able and lucid report upon the subject of the claims of surgeon-dentists, to an equality of professional standing with physicians and surgeons, which may be found on another page, was then read. Dr. Hale, chairman of the Committee of Publication, reported that the second volume of Copland's Dictionary was in progress, but not yet ready for delivery. It was voted that the Committee be instructed to proceed in procuring the second and third volumes of this valuable work, for the Society, at any time within the ensuing year, in the same manner as the first volume, it being understood that the third may possibly be completed by the ensuing anniversary.

Dr. Ware, chairman of the Committee on intermittent fever, remarked that no returns had yet been made in answer to the circulars addressed to the fellows, requesting information upon the subject of inquiry, and therefore asked leave to sit again, which was granted.

Voted, that the thanks of the Counsellors be presented to the Provincial Medical and Surgical Association of Great Britain, for the donation of two volumes, published under its auspices, represented by Dr. Channing to be exceedingly valuable—and the Corresponding Secretary was directed to forward, in acknowledgment of the compliment, the original publications of this Society.

A protracted discussion ensued in relation to the manner of awarding the Society's premium of five hundred dollars for the best sample of not less than a thousand leeches, from a foreign stock, bred in this Commonwealth, within the period of seven years. We were not only excessively weary of the subject, but came to the conclusion that others were also. However, the following comprises the names of the Committee with whom specimens may be left by claimants—viz. Drs. Miller, B. Shurtleff, G. Willard, D. Bemis, E. Alden, W. Channing, A. L. Pierson, A. G. Welsh, W. C. Whitbridge, W. Walker, E. Buck, A. F. Stone, H. Orr, and J. Sampson. The Committee is to continue in being seven years, reporting annually to the Counsellors, who are empowered to fill all vacancies that may occur in the mean time.

Dr. Jacob Bigelow, Dr. George W. Otis, and Dr. John Jeffries, were elected a Committee to revise the list of books required as well as recommended to be read by students of medicine. A Committee was also appointed, consisting of Dr. John C. Warren, Dr. J. V. C. Smith, and Dr. David Osgood, to prepare a list of gentlemen, distinguished in the profession, entitled to the distinction of honorary fellowship in the Society.

Some minor concerns were presented to the Council and appropriately disposed of, the particulars of which are not distinctly recollected. All

that is essential, however, interesting to the immediate members, is comprised in the foregoing report. A most excellent spirit was manifested, highly conducive to the respectability and dignity of this wisely devised association, on whose decisions the public may safely rely with regard to the character, acquirements, and moral qualifications of every man who is permitted, under its auspices, to practise medicine and surgery in the Commonwealth of Massachusetts.

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#### THE SCIENCE OF LIFE.

A COURSE of popular lectures has been commenced in this city, by a gentleman who has made himself singularly distinguished for his supposed warfare against certain domestic habits which predominate in civil life, principally connected with the pleasures of the palate; in a word, he seems to have strangely secured the reputation of aiming to become an acetic reformer of the age, without having the ability to establish those self-denying laws essential to the perpetuity of the novel doctrines he is very earnestly laboring to maintain.

Influenced by all the prejudices usually operating against the introduction of new doctrines, supposed, without much reflection, however, to be openly at variance with the acknowledged principles of physiology, and braced up by theoretical and unphilosophical speculations, we heard Mr. Graham's introductory discourse on the Science of Life, at the Boylston Hall. We listened attentively, too, for more than one hour and a half, to a discourse that would have reflected honor upon the first medical man in America. This declaration is not the effervescence of a sudden conversion. Mr. Graham presented nothing extravagant—nothing that was not positively correct in relation to life, health and disease. So far from being the originator of a new system, totally opposed to those facts in the science of life, already extensively promulgated and practised upon by all well educated physicians, he simply exhibited himself to be a fearless, independent, benevolent expounder of this difficult science, which he seems to be endeavoring to make plain to the comprehension of all classes of intelligent, reflecting people.

We are utterly amazed at the ridicule with which this gentleman has been assailed in other places, if what we have heard is the type of what is to follow. With such strict regard to the positive indications of nature as he exhibits, based upon known physiological laws, there is no denying his propositions. Both his language and his illustrations were in strict accordance, in our humble apprehension, with the best medical authors.

Nothing would induce us to lend a helping hand in building up a prating knave, or a stupid pretender. But to speak otherwise than decidedly favorable of Mr. Graham's introductory lecture, would be high-handed injustice. If he actually pursues the course he so ably and fervently urged upon the community, the medical profession, above all others, will be benefited and dignified by it, and the world at large must ultimately be bettered by the influence of the knowledge he is disseminating. Should he, on the other hand, hereafter sink himself in the mazes of designing quackery, from an inordinate desire of fame, or other selfish motives, we should be among the first to abandon him and expose the deception.

These observations have no reference to any peculiar developments, which have been said to be characteristic of Mr. Graham's anticipated scheme of dietetic reformation. Whether he may eventually attempt to

prove that man is not omnivorous, or that raw vegetables are more conducive to health and longevity than roast beef and mutton, we cannot presume to determine. No problem is more susceptible of demonstration than this—that we have so much refined upon life, and so multiplied both our wants and the means of animal gratification, that we are much oftener overpowered by physical excitement than by the effects of mental activity. With all the means bountifully provided by the hand of a benevolent Creator for a long, a vigorous and happy life, we are habitually warring against the plainest indications of common sense, and number our own days before we have wisely reflected upon the great object of existence.

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*Hydriodate of Potash.*—Two cases are related in the London Lancet, by Dr. Wilkinson, in which this article was successfully employed. The first was a scrofulous affection of the knee joint. The knee was considerably swollen, but without redness, and presented several ulcers, the discharge from which was sometimes thin and ichorous, and at others mixed with white and opaque matter. A complete cure was effected by the internal use of the hydriodate of potash, combined with Carb. Sodæ and Aquæ Menthæ Pip. The second case was one of hydrocele, in a boy seven years of age. A drachm of the ointment of the hydriodate, in the proportion of 3j. to an ounce of lard, was rubbed in three times a day; afterwards, half the quantity additional was used, which, with puncturing, effected a complete and radical cure.

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*New Medical Appointment.*—John B. Stebbins, M.D. of this city, has been unanimously elected physician to the House of Reformation for Juvenile Offenders, located at South Boston. The office has been recently created by the Board of Overseers, and we congratulate them as well as the inmates of the institution, on this happy choice of a medical adviser, who is well qualified to give character to the station in which he has been placed.

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*Medical Magazine.*—We understand that the medical periodical by this name, published in Boston, which was under the editorial charge of Drs. Flint, Bartlett and Gould, has been discontinued.

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*Essay on Climate.*—The Royal Irish Academy has awarded Dr. Joseph McSweeney, of Cork, the prize of £40 for the best essay on the climate of Ireland.

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*M. Cruveilhier* has been appointed to the Chair of Pathological Anatomy, founded by Dupuytren.

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TO CORRESPONDENTS.—Dr. Gold's Communication on Phthisis will appear next week. Dr. Spalding's History of the Smallpox in Montpelier, Vt. is also on file.

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DIED.—In Cabell Co. Va. Dr. John L. Maupin, of Albermarle Co.—In Richmond, Va. Dr. James Blair, 43.—In New Haven, Ct. Dr. Isaac Beers, 43.—At Charleston, S. C. Dr. M. Cohen Meyers, aged 32—also, Dr. William A. L. Martins, aged 27, of the stranger's fever—a native of Germany.—In London, Sir Wm. Blizard, aged 93, who had been one of the surgeons of the London Hospital for nearly sixty years.

Whole number of deaths in Boston for the week ending Oct. 10, 59. Males, 31—Females, 26.

Of scarlet fever, 2—smallpox, 1—bloody flux, 1—inflammation of the lungs, 1—infantile, 4—consumption, 5—inflammatory fever, 1—dropsy on the brain, 1—quincy, 1—measles, 11—lung fever, 5—brain fever, 2—old age, 3—cholera infantum, 1—dropsy, 1—decline, 1—bilious fever, 3—teething, 1—sudden, 2—nervous fever, 1—hooping cough, 1—drowned, 1—dysentery, 1—typhous fever, 2—suicide, 1—intemperance, 1. Stillborn, 1.

### MEDICAL SCHOOL IN BOSTON.

THE MEDICAL FACULTY of Harvard University announce to the public, that the Lectures will begin on the first Wednesday in Novem., and continue thirteen weeks, after which time the regular course will be considered as terminated. But for the following four weeks, the Hospital and the Dissecting room will be kept open, and some Lectures will be given, without additional expense, to such students as may choose to remain.

The following Courses of Lectures will be delivered to the class of the ensuing season :

			Fee
<i>Anatomy, and the Operations of Surgery,</i>	by	JOHN C. WARREN, M.D.	\$15
<i>Chemistry,</i>	"	JOHN W. WEBSTER, M.D.	15
<i>Midwifery and Medical Jurisprudence,</i>	"	WALTER CHANNING, M.D.	10
<i>Materia Medica,</i>	"	JACOB BIGELOW, M.D.	10
<i>Principles of Surgery and Clinical Surgery,</i>	"	GEORGE HAYWARD, M.D.	10
<i>Theory and Practice of Physic, and Clinical Medicine,</i>	"	JAMES JACKSON, M.D. and JOHN WARE, M.D.	15

By an additional act of the Legislature of Massachusetts, the opportunities for the study of Practical Anatomy are now placed upon the most liberal footing. While the violation of sepulchres is prevented, it is anticipated that an ample supply of subjects for the wants of science, will be legally provided at a small expense.

The Massachusetts General Hospital is open without fee to Students attending the Lectures of the physicians and surgeons. This Institution contains about sixty beds, which are, most of the time, occupied by patients who are subjects partly of medical, and partly of surgical treatment. Clinical Lectures are given several times in each week, and surgical operations are frequent. The number of surgical operations during the last five years has averaged about seventy in each year.

To the Medical College is attached a Medical Library, a costly and extensive Chemical Apparatus, and Collections illustrative of Midwifery, Materia Medica, and Healthy and Morbid Anatomy.

Boston, June 12, 1835.

June 24—tN1.

WALTER CHANNING, *Dean.*

### A STAND FOR A PHYSICIAN.

A PHYSICIAN in the State of Maine, in a pleasantly situated, small, flourishing village, about 25 miles from Portland, wishes to dispose of his stand. Being a very eligible stand, and affording abundant practice, it offers a good opportunity for a physician to establish himself. For further particulars, apply to the Editor of the Journal ; if by mail, post-paid.

Sept 23—3m

### MEDICAL INSTITUTION OF YALE COLLEGE.

THE annual Course of Lectures in this Institution will commence on Thursday, Nov. 5, 1835, and will continue seventeen weeks. There are at least five lectures daily throughout the term, and a part of the time six. The several branches are taught as follows, viz. :

- Principles and Practice of Surgery, by THOMAS HUBBARD, M.D.
- Theory and Practice of Medicine, by ELI LIVES, M.D.
- Chemistry and Pharmacy, by B. SILLIMAN, M.D.
- Materia Medica and Therapeutics, by WILLIAM TULLY, M.D.
- Anatomy and Physiology, by J. KNIGHT, M.D.
- Obstetrics, by TIMOTHY P. BEERS, M.D.

The fee for each of the first five branches is \$12.50, and for the last \$6.00, which, together with a matriculation fee of \$5.00 and a contingent bill of \$2.50, are to be paid in advance. The graduation fee is \$15.

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(Sept. 3—sp6w.)

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Oct 7

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## OBSERVATIONS ON THE CHARACTER, AND PREDISPOSING AND EXCITING CAUSES OF PHTHISIS PULMONALIS.

BY S. W. GOLD, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THE history of Pulmonary Consumption is one of peculiar interest. Its antiquity, frequency, and extreme fatality, give to it an imposing character. Considering this disease at the head of all others for fatality, and that amidst the increasing refinements and luxuries of modern times it has been greatly multiplied, some notice of its character and the causes which give rise to it may not be deemed unimportant.

The imperfect records of barbarous nations do not allow us correctly to ascertain its proportionate fatality among them, when compared with civilized communities; but we may safely infer from the exhibition of its character among the latter, that the former are much the least subject to its destructive influence. For we find that in civilized countries, it is the delicate rather than the robust who more frequently become its victims; that it is most common in crowded cities, and luxuriates in the feeble and imperfectly wrought systems of the sedentary and confined, amidst dense masses of population. Truly may it be said that this disease is found most prolific of desolation in the abodes of youth and loveliness; pursuing, eagerly, its path through the walks of ease, and threading the avenues of refinement, it tramples in the dust the fondest hopes and the brightest anticipations of life.

It is during the early period of life, just before the completion of maturity, and before the system has acquired solidity and firmness, that consumption appears to hold the greatest sway over the human constitution. Females are most subject to its attacks. From estimates made in several of the principal hospitals of Paris, by M. Benoit de Chateaufort, it appears that the proportion of fatality from this disease, in that city, is about one-tenth greater among the females than males. And it is probable, from all the facts which have been collected to determine this question, that about the same proportion of fatal consumptions, relative to the two sexes, exists in this country as in Paris.

Although this disease is not confined to any climate exclusively, yet the inhabitants of mild and equal regions are more exempt from its attacks, while it has generally proved most destructive where extreme atmospheric changes are most frequent. It is estimated that in Europe one fourth of all the deaths is occasioned by it; the proportion varying, however, materially, in the different parts of that continent. In Paris, it is calculated at about one-fifth; at Venice, one-sixth; while in Russia, a cold

but equal climate, and where less effeminacy exists among the inhabitants, it is said to be of comparatively rare occurrence. In the United States of America, probably not less than one-sixth of the deaths are the victims of this disease.

Having thus briefly glanced at the important character of this disease, I would make the inquiry, has the subject relating to the *causes* of consumption received from medical men, hitherto, its due weight of attention? While some of the most learned physicians assert the disease to be irremediable, and the great body of the profession are following on in the old path of hopeless treatment, and joining in the loud chorus of "incurable," is it not important to investigate causes which lead to such certain ruin, and see whether there is any possible chance of escape from this fatal malady. For while the same causes are permitted to exist, the disease will continue the same in frequency, and we are thrown upon the almost hopeless ground of providing a remedy. Perhaps it is not over-reaching the bounds of rational conjecture to suppose, that when the science of medicine shall have attained its ultimate degree of improvement, under the fostering influence of collateral branches of learning and the ripening experience of many successive ages, consumption, in its matured form, will stand, in a majority of instances, an incurable disease. Which, then, of the alternatives have we the most to expect from, by seasonably correcting its causes, or by introducing new remedies to remove the destructive influence of those causes? Has there not, hitherto, been a disproportionate attention, in regard to the causes and remedies of this disease? What experienced practitioner has not lost all confidence in the curative power of the established routine of remedies in confirmed consumption? And what guide has the young physician to direct his steps, through this obscure labyrinth, but one which will surely eventuate in ultimate disappointment? Is it not time to pause in this career of *certain* failure, and to seek some new method of escaping the evil? While new medicines are sought for, let the attention be also directed to the causes which lead to the disease. If fifty per cent. of all the cases of consumption could be avoided by learning and shunning its predisposing and exciting causes, would it not be an acquisition to the healing art, far transcending the most signal of its remedies? Or if only five per cent. could be avoided, would it not exceed all that has hitherto been accomplished on the score of curative means?

That this disease has largely increased in modern times, is an opinion maintained by some of the most intelligent of the medical profession. That the cause of this increase is dependent on the prevalence of various practices and habits of modern refinement, is a rational inference, from the circumstances of the case, and is an opinion, which, it is believed, will be sustained by all the evidence which the nature of the subject will admit. In proportion as mankind have departed from the plain and simple rules of living, and have adopted the refinements and luxuries of modern times, has this disease been multiplied. When our English ancestry possessed the habits which distinguished them during the eleventh century; when plain meats constituted the principal luxury of the table; when the rough sports of the chase were practised, even in some instances, by both sexes; when the coarse but warm manufactures of that age, pro-

ted them from the vicissitudes of the climate, and they reposed their athletic forms, not on the downy couch of modern effeminacy, but on the hardest beds ; they acquired a vigor of constitution which was not easily assailed by consumption. But these invigorating customs have passed away,

"Tempora mutantur et nos mutamur in illis."

Not that I would recommend a return to the rude manners of a semi-barbarian age, but only the application of modern intelligence, with all the means we now possess, to the correction of the factitious refinements and fashionable irregularities of modern effeminacy.

By far the greatest share of consumptive cases are found to exist among those who possess a peculiarly delicate organic structure. And rare, indeed, does it attack the sturdy yeoman, whose broad, deep chest, and ample muscle, have been wrought amid the mountain air and the rough labors of the field. In every country its attacks are most frequent upon such as are distinguished by particular marks which characterize a delicate organic structure of body. And it matters not whether these peculiar marks are the lot of inheritance, or are stamped upon the constitution by the hand of culture. As no constitution is, by inherited strength, sufficient to resist its encroachments, when attended by certain circumstances of exposure ; so few are by nature so predisposed to its attack, as not, by a proper course of habits from infancy, to be able to escape from its fatal influence.

That the opinion of hereditary or family predisposition, generally entertained by writers on this subject, is correct, I have no doubt ; but of the nature and cause of this predisposition, my views do not coincide with those usually entertained. This predisposition does not consist in a poison or taint, as it is sometimes termed, but merely in the organic tone and formation of the individual. Ever since the days of Hippocrates, the marks usually considered to denote a consumptive diathesis, have been a "smooth fair skin and florid complexion, light hair, blue eyes, a long neck, a narrow chest, slender form, high shoulders, and a sanguine disposition." These are signs truly of a delicate form and slender constitution. But we find this disease not confined exclusively to any complexion. "In some instances," says the learned Dr. Good, "the skin is dark and the hair almost black." And it is unquestionably true that no complexion, however deeply colored, does exempt the individual from an attack of the disease, provided he is exposed to its ordinary predisposing and exciting causes. I have witnessed the disease in the native islanders of the Pacific, visiting this country, who are distinguished by dark hair, eyes and skin ; and instances, I believe, are not less frequent among the colored people in this country, than exist with the white population of similar habits and occupations. The notion that consumption is hereditary, should by no means be disregarded. But instead of viewing individuals, possessed of certain signs, as marked for the disease by the hand of destiny, or considering these as an insurmountable obstacle in the path of the individual's life, they should be regarded as a premonition of danger, early inviting to the use of remedies.

Man, both in a moral and physical sense, is a being of habit. From infancy to mature life, what changes may be wrought by its influence.

The vine which creeps along the damp floor of the sunless apartment, is not more dissimilar in form and appearance to the most verdant plant, whose leaves expand amidst the genial influence of a summer sun, than are the effects which various climates and habits produce on the human constitution. From this cause spring the great variety in the different tribes and nations of men. Every province has its peculiarities, not only of character and language, but of constitutional structure ; often exhibiting a difference of complexion, and of muscular and organic development. But we need not instance nations who occupy different soils and climates to illustrate this principle. Individuals of the same community, or even the same family, who are engaged in varied pursuits, and have been trained to different habits from infancy, are obviously different in these respects.

In a thousand instances may we trace back this disease to effeminate habits or exhausting indulgences, which have wasted the energies and enfeebled the general tone of the system. The period spent in the nursery is an important one in regard to the future health of the individual. Such a place is too frequently like a hot bed, where nature is forced from its ordinary course, producing an imperfect assimilation of parts, a laxity of fibre, a morbid sensitiveness, which render the individual unfit to withstand the unavoidable exposures of after life.

Scrofula is a disease closely allied to consumption ; the former being peculiar to childhood, as the latter is to youth, and the same constitutional predisposition exists in both diseases. In pathological investigations effects are sometimes taken for causes ; and in regard to a scrofulous diathesis, it is believed to be less frequently the effect of inheritance, than of certain enervating causes, influencing the organization and development of the system. That we meet with scrofula most frequently in those with certain external marks of constitution, is true ; but are such marks anything more than indications of a delicate structure ? Does "a fair, smooth skin, in which the bloodvessels are very apparent, light and soft hair, florid complexion, long and slender fingers, narrow chest and prominent shoulders," indicate anything but a delicate structure ? Not unfrequently have I seen children of the same natural marks of complexion, who were born in open houses, accustomed from infancy to any variation of atmospheric change, thinly clad, not wearing a shoe or stocking through the whole of a northern winter, and daily playing with their naked feet in the snow, who slept on beds of the hardest texture, and whose diet was plain but nutritive, acquire a force of constitution which might bid defiance to scrofula in their childhood, and whose vigorous play of organs rendered them equally secure from the assaults of consumption. In such a case, where is the narrow chest and the prominent shoulders ? They never could form under such a mode of training. But they may be found abundantly with children whose first months are passed in a confined and impure air, who are brought up in habits of indolence or confinement. The remedies in scrofula almost exclusively belong to the class of tonics. Sea-bathing, so well known as a remedy, is a powerful means of invigorating the system. When the disease yields to tonic treatment, what becomes of that potent disorganizer of glands, cartilages and bones ? Is there specific agency in so large a share of tonic medicines, sufficient to

over-rule the laws of hereditary disease? If this view of the subject is correct, then the formation of such early habits as give hardihood to the constitution, are of the highest importance to guard the individual against the encroachment of scrofula in childhood and consumption in subsequent life.

The method generally pursued in regard to education, is undoubtedly one early cause in occasioning a phthisical constitution. I refer particularly to those children who take but little exercise, and are confined on seats, in an impure atmosphere, for six or seven hours in a day. A constitution of remarkable strength may indeed go through such a course of habits without injury; but it is a violation of the laws of health, and the feeble cannot pursue it with impunity. Although in such it may not always eventuate in scrofula or consumption, yet a feebleness is evidently induced by it; a pale countenance, narrowed chest, bowel derangements, and other signs of injury, too frequently follow. And such an individual, especially when the confined air of a city residence is superadded, presents a striking contrast to the athletic form and rubicund countenance of one who continually inhales the pure air of the country, and who calls into constant and even exercise every organ of the body.

Professional men, particularly clergymen, have received much injury in their constitutions by the sedentary habits which they often indulge. A much greater proportion of such, than of those who pursue an active life, are the subjects of phthisis. The bleeding from the lungs, and other symptoms of derangement in the chest, are not generally the effects, as some have supposed, of long-continued labor in public speaking, but are produced by sedentary habits. This opinion, I believe, is well supported by proof, furnished by those clergymen whose lungs are not less exercised in public speaking than the others, but who travel almost daily from one appointment to another, and who, disregarding the weather, accomplish every day, through the week, no inconsiderable journey. The health of such men—notwithstanding the fatigues they undergo, the exposures to bad weather, change of sleeping apartments, the risk of taking cold after speaking for several hours in a crowded room, and going from thence in the cool night air to a place of rest—suffers rarely from pulmonary disease. I was informed by a very respectable clergyman, who, for several years, was laboring under decidedly phthisical symptoms, such as repeated copious spitting of blood, cough, purulent expectoration, &c. that notwithstanding the debility and emaciation thereby induced, he continued to preach a considerable portion of the time. His reason for so doing, was that he viewed his case as hopeless, and wished to improve carefully the small remnant of life which he supposed was allotted him. He practised much riding on horseback, and ultimately acquired comfortable health. A great amount of talents and happiness, no doubt, have been sacrificed in the long-continued practice of sedentary habits. Whatever posture of the body is long-continued, that confines the respiratory organs or obstructs the free circulation of the blood through them, occasions injury. Persons who sit in a bent position, either from carelessness or necessity, are exposed to ultimate bad effects. The tyranny of fashion, in regard to dress, sacrifices many victims, from the multitude

of its votaries, to this disease; and no doubt the tape of the corset has stopped more breaths than the rope of the gallows.

The habitual or occasional use of narcotics, such as ardent spirits, opium, tobacco, tea, coffee, &c. has a tendency to derange and enfeeble the constitution, and in many instances operates as a predisposing cause of this disease.

Sleeping on soft beds is a practice of almost universal prevalence, at the present day, throughout the civilized world; yet perhaps there are few practices that have a more generally pernicious influence on the young, than this. Sleep is as necessary to life as food; the exhausted excitability of the system must be repaired, as well as the channels of nutrition supplied; but excessive luxuries in either are injurious to health, and the epicure in one is as irrational as the epicure in the other. Children and youth who are accustomed to sleep on soft beds during the warm season, require more than an ordinary force of constitution not to be injured by it.

How far consumption is the consequence of coughs and colds, is an important consideration. And in discussing this question, I wish to appeal directly to the experience of physicians. I would like to put the question to every one who has had experience in this disease, What has, in your opinion, been the most common predisposing and exciting cause in the cases of consumption which have come within your observation? Would not the answer be, bad colds, which have been either neglected or injudiciously treated? Of many of whom I have inquired, this has been the answer. This, so far as my observation extends, is the case. A distinguished writer\* remarks, "It must be obvious to every observer that a long protracted, obstinate cough, especially if improperly treated, too often lays the foundation for a consumption." He also remarks, that "however trivial, in the view of many persons, complaints of this description may appear, they are in reality to be regarded as of a serious nature, and as frequently leading to the most fatal consequences. A cold, when aggravated or rendered extremely frequent, becomes a malady sufficiently formidable to combat and defeat the skill of the most experienced physician; and this is the rock upon which the health and lives of thousands have been wrecked."

In a communication received from a very intelligent physician,† who is in extensive practice in the city of New York, similar views are expressed. He remarks, "It is a question of no small interest, and I am sure it ought to rest upon the mind of every physician, what is the cause that so many annually are taken off by pulmonary consumption? As to the predisposing and exciting causes of this complaint, there are doubtless very many, but I have no question in my mind that one fruitful source of this disease is the neglect of catarrhal affections. I am seldom called to a phthisical patient without being informed that he has had repeated colds, which were little thought of until they settled down into the present cough." The doctor farther remarks, "In a climate so changeable as ours, and where there is a constant admixture of land and sea-air, colds are very frequent, and yet I know of no affection so little

\* *Thacher's Modern Practice.*

† *Elijah Mead, M.D.*

regarded and so much neglected as this ; and thus it is that we have the melancholy fact before us, that one-sixth of the deaths is arranged under the head of consumption." There is too much reason to believe that tubercles of the lungs often have their origin from this source ; and having become formed, are by the same cause hurried on to inflammation and ulceration. Prudence in respect to taking colds, affords but a small part of what is necessary to escape the difficulty ; prudence in the use of remedies is a consideration equally important. Every one thinks himself fully competent to treat a cold ; and it is too frequently the case that in the protracted exercise of this general conceit, the natural influence of the complaint, to which is often superadded the worst of treatment, produces an irreparable injury to the lungs, before the case comes under the care of a physician.

The action accompanying a cold in the system is of an inflammatory character ; sometimes slight, but often considerable. When the chest is the principal seat of the complaint, the delicate vessels which are spread over the lining membrane of the bronchial tubes are more or less injected with blood, and not unfrequently a degree of irritative action extends to the body of the lungs. In this state, how very common for persons to make use of stimulating potions, which instead of relieving, aggravate the difficulty. Hot toddy, paregoric, elixir and laudanum, unqualified with any aperient, are frequently used in such cases, and often produce great injury.

It is while treating a bad cough, proceeding from a cold, that frequently the only opportunity exists, that ever will, to escape this fatal disease. It is probable that at this point physicians have done more than at any subsequent period to save their patients from consumption ; while patients, by neglect, have passed on to irrecoverable disease, amusing themselves with the reply to those who chance to admonish them of danger, " Oh ! my cough is nothing but a cold."

Goshen, Ct. October 10, 1835.

### SKETCH OF THE SMALLPOX,

AS IT PREVAILED IN MONTPELIER AND MIDDLESEX, VT. IN JULY AND AUGUST LAST.

BY JAMES SPALDING, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THE Smallpox has, for some time past, been unusually prevalent in Vermont. Perhaps "an epidemic constitution of the year," so much insisted on by Sydenham, has been concerned in its prevalence the past season. The principal circumstance calculated to favor its spread among our inhabitants, no doubt is our free communication with the Canadas, where little or no attention is paid to vaccination, and where the disease is permitted by government to exist without any legal restraint. Although we have an excellent *preventive* to the pestilence, it is not until the public are made to feel the *scourge*, that they become sufficiently aroused to undergo a thorough *vaccination*.

There are many reasons why the smallpox should be well understood

by physicians. The contagious exanthemata are an interesting group of diseases, and ought to be familiar to the medical student, as well as the practitioner. On investigation, it will be found that there is something, even in a loathsome disease, calculated not only to excite admiration, but to shed light on kindred subjects. Smallpox, in all its bearings, its pathology, diagnosis, prevention and treatment, is worthy of careful attention. The public seem to think that they have a right to demand of our profession whether so great an enemy as the smallpox exists among them. If they find a physician who is unable to satisfy their reasonable inquiries, they hold him responsible for all the evils which result from his ignorance. In some instances, perhaps, they may be too severe; for although unmodified smallpox may be known with great certainty after the formation of the pustules, let it be borne in mind that it is difficult, if not impossible, to arrive at a correct diagnosis at an earlier period. It fortunately happens, however, that "the disease is not contagious for the two or three first days of the eruption,"\* whereby a fair opportunity is given to pursue that line of conduct which will be not only safe to the physician and his patient, but to an alarmed community.

But the various modifications of smallpox cannot always be known in any of their stages; at any rate, they are not always found out, until it has propagated itself to others, for there are many well attested instances where variola has been communicated by persons whose febrile symptoms were slight, and pustules very imperfect. It is possible that some of these cases are not contagious, in the strictest sense of the term; but still are infectious, and, unless suitable precautions are observed, may give rise to the disease in its worst form. It was apparently in this way that the smallpox, of which I am about to give an account, was first introduced into this vicinity.

Last spring, one of our citizens resided, for several weeks, in the province of Lower Canada; during which time he had not, to his knowledge, been exposed to any contagious disease. He was attacked with the usual symptoms of fever, which continued nearly two weeks. No eruption attracted notice, except several small boils, as he termed them, around a blister that had been raised upon his chest. About the middle of last June he returned to his home, in a feeble state of health. He had the kinpox thirty years ago, and his family, except his wife, had it recently. In ten days from his return, his wife began to break out with the smallpox. I did not see her for the first four weeks of her sickness, but afterwards became sufficiently acquainted with her disorder to pronounce it a severe case of *confluent smallpox*. She was nursed by a sister, who contracted the disease and died in one week. These cases were both of them called the chickenpox by the attending physician, and of course no measures were taken to avoid the contagion.

I was called on the 29th of July to visit Mrs. W., of Middlesex, who had apparently a sharp attack of fever. Thinking she had "taken cold," she went to bed the night previous, with headache and chills, and took a thorough sweat. Instead of affording relief, this measure increased her disorder. I found her with pain in the head, back and loins; uncommon

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\* Heberden.



heat of the body, with cold extremities, pulse quick and rather tense, sickness at the stomach, with tenderness of the epigastrium. Her husband remarked, that he did not know but his wife had caught Mrs. M.'s disease, as she had watched with her nine or ten nights previous. At the same time I was shown a few pustules upon one of her hands, which had made their appearance three or four days previous; a circumstance by no means calculated to lead to a correct diagnosis. It is highly probable that this woman had, unintentionally, inoculated herself by handling Mrs. M., and that a cold and severe sweat aggravated her febrile symptoms. Before leaving the house, I pronounced her case to be smallpox. I bled her about one pint, directed a saline cathartic, followed by gentle sudorifics and a cooling regimen. In two days she had a fine crop of pustules, and felt very much relieved.

The town authorities were now called upon to assist in checking the disease. Pest houses were procured, and suitable regulations adopted. In the course of two weeks a large number were admitted. Some of these cases, as might be expected, were mild, others were severe, while several were of an intermediate character. Those who had the distinct smallpox were generally taken; in nine or ten days after exposure, with chills, attended with cold extremities, pain in the back and head, followed with quick pulse and other febrile symptoms. In about three days the eruption began to make its appearance on the forehead in the form of hard pimples, and next about the nose and mouth; then on the forearms, breast and abdomen, and lastly on the lower extremities. These pustules, in the course of two or three days, were filled with a limpid fluid, and appeared perfect, having a central indentation. This stage was in most instances followed by suppuration and a secondary fever, which usually lasted until the process of desiccation was complete.

The confluent cases, of which there were five, were more severe than those of the distinct kind. The case of A. C. possessed as much interest as any of them. He was a hard laboring man, of dark complexion and nearly 40 years of age. In about seventeen days after free exposure, he began to be indisposed, but it was not until the lapse of twenty-four days that he was severely sick. At this time he complained of violent pain in his head, back and loins, chills and cold extremities, hot skin, dry tongue, sickness of the stomach and great tenderness of the epigastrium. The patient had a profuse hemorrhage from the nose, after which he became deranged; during the night, in a fit of delirium, he attempted to cut his throat with a razor. The pustules were tardy in coming out; and when they did make their appearance, they were irregular in shape; flattened, and contained but little lymph. Some of them were of a rosy tint, while others run together, forming patches which were filled with bloody water. The patient was hoarse, and at times experienced great difficulty of breathing; he likewise had soreness of the fauces, attended with a copious pyalism. His face and hands, and subsequently his feet and ankles, were swollen to the greatest possible extent. Suppuration of the pustules was very imperfect. The process of desiccation commenced earlier than in the distinct kind, and was attended with an intolerable itching. This was followed with what might be termed a stage of horripilation or trembling, connected with great susceptibility to atmos-

phoric impressions, and a constant complaining of the cold. Several days previous to this, the patient was fairly convalescent. His delirium and other bad symptoms gradually subsided, but he was left in a state of great debility. Near the close of his disease, a large abscess formed upon his hip, which discharged, on being opened, nearly a quart. In consequence of this drain, he probably escaped the disagreeable sequelæ which so often follow severe cases of confluent smallpox.

The treatment of this patient was, at first, antiphlogistic; but the fever soon changed its type, when it became necessary to render it cordial and supporting. I made a more free use of purgatives, not only in this, but in other cases, than is recommended by our authors. As soon as the pustules suppurred, I gave good *Peruvian bark*, and found it to answer a valuable purpose. The diet consisted principally of oatmeal gruel, light puddings, crust coffee, chicken tea, animal broths, &c. A full dose of opium was occasionally administered, either to check diarrhœa, or to quiet the nervous system and procure sleep. Aromatics, carbonate of ammonia, wine, musk, &c. were made use of whenever there appeared to be a receding of the eruption, or a sinking state of the system.

A more minute detail of the practice, not only in this but in other cases, might be considered tedious. I have the satisfaction of stating that all who were received into our little hospitals, amounting to the number of twenty-two, recovered, and are now enjoying a tolerable state of health.

I could state a few facts in respect to the contagiousness of the smallpox, which might not be considered without interest. There were several fortunate escapes, as might be expected among so many exposures; while some took the disease where we should not have expected it. There was much evidence to corroborate the opinion expressed by Dr. Jenner, that "the susceptibility to receive variolous contagion always remains through life, but under various modifications, or gradations, from that point where it passes silently through the constitution, up to that where it appears with great violence." There were three mild cases, where the subjects had undergone the vaccine influence several years since, and one individual who had the smallpox, in a modified form, the second time. In several instances it seemed to blend with the vaccine disease, and thereby lose its contagiousness. It was so in my own case. In order to test my system, as I had the kinpox upwards of thirty years ago, I re-vaccinated myself, and produced a large pustule, which at first discharged a sanious matter which was changed into pus, and soon healed up. I then had the symptoms of smallpox, which were carried off by the appearance of a new pustule. During my attendance upon the sick I had the symptoms, followed by one or more pustules, in the inoculated arm, as many as six times. In several instances the kinpox operated as severely as the distinct smallpox, but in all such cases the subjects had been much exposed to the variolous contagion.

*Montpellier, Fl. October, 1835.*

## POISONING WITH CHEESE.

[Communicated for the Boston Medical and Surgical Journal.]

**MR. EDITOR,**—Several interesting cases under this head having appeared in your Journal, a few months since, I have been reminded of one or two additional cases, somewhat similar. The first took place in my own neighborhood, and the facts, to the best of my recollection, were as follows.

At the raising of a building belonging to Seth Thomas, Esq. in Plymouth, Litchfield county, Conn. a few years since, an entertainment was prepared, consisting chiefly of bread and cheese, with cider. The company partook of it about sunset. During the evening, nearly a hundred persons were taken with vomiting, which, after continuing for some time, was accompanied with diarrhoea. Some of the individuals were attacked with great violence, others were affected but slightly; none, however, died. But the debility and the irritability of the stomach which followed, lasted in some instances several weeks. I am not aware that any active medicines were given. The physician under whose care most of the patients fell, suspecting the cause must be poison, treated them accordingly. Even after the local cause of disease seemed to be entirely removed, such was the state of the system—at least in those cases that came under my own observation—that the slightest tonic remedies invariably did more of harm than good. In my own experience—and I believe in the practice of those whose experience was much larger than my own—mucilaginous substances, with the lightest of food, along with rest, constituted the safest treatment.

On inquiry, it was found that a cheese, bought of a farmer in the neighborhood (famous, however, for making good cheese), had been cut and used for the entertainment; and that every one who was sick had eaten more or less of this cheese. It was then tried on one or two dogs, who were also made sick. To settle the point more decisively, it was ascertained that there was no other article present of which *all* the sick partook—bread, cake, cider, or water—except the cheese.

A part of the suspected cheese was sent to Prof. Silliman, for analysis, but no poison was detected. I do not know that the rind of the cheese was suspected. It was generally thought by the physicians—and I believe by Mr. Silliman himself—that the active principle which caused the disease must have been some vegetable product; but what it was, or how it came to affect this cheese, and no other of those made by the farmer, or why chemistry could not detect it, I believe was never known.

A similar occurrence took place a year or two earlier, in Winchester, in the same county. In this, as in the former case, the mischief was attributed to cheese, but nothing of a poisonous character could be detected. The particulars in regard to the latter case have escaped my recollection; except that there was a striking similarity to the occurrence at Plymouth.

If the foregoing facts, Mr. Editor, have not already appeared in your or some other Journal, and you deem them worthy of it, you are at liberty to publish them.

Yours, &amp;c.

WM. A. ALCOCK.

*Boston, October 30, 1885.*

## JUICE OF THE CRANBERRY AS A REMEDY.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—In your Journal, Vol. XIII. No. 7, is, I think, a cure for Ring-worm, by the application of the juice of *cranberry*. Noticing this, brought to my mind a fact communicated to me many years ago, by an aged physician (not an empiric), who had considerable celebrity for curing cancers; and as your late number on cancer exhibits nothing *new*, on the disease or the treatment, it occurred to me to mention his remedy. It was the juice of the cranberry, *Oxycoccus vulgaris*, made into an ointment, with sulphate of iron, finely pulverized. There is not, perhaps, a more *significant* remedy in the whole *Materia Medica* for that terrible malady.

Yours, &c.

JOSEPH COMSTOCK, M.D.

*Lebanon, Conn. October, 1835.*

## BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 28, 1835.

## SEX OF THE FŒTUS.

A LEEDS correspondent of the London Lancet has come to what he considers a philosophical conclusion, that the sex of the fœtus is determined by the effects of cerebral development. He sagely remarks, that “phrenologists have proved that the difference in character of man and woman is caused entirely by the development of the intellectual and emotional faculties—the latter being more considerable in woman, and vice versâ; and that the more a man’s *cerebellic* faculties are enlarged, the more does he partake of the warm feelings and passionate temperament of the female sex; who, on the contrary, when their cerebral organs happen to be most developed, gradually approach in intellectual power to man’s standard, but at the same time lose the peculiarly feminine softness and grace of their less intellectual (*cerebral*) sisterhood.” Accordingly, when the fœtus is in the act of cerebral development, if by any cause the process is not perfected, then it becomes a female: in reality, the female is an approximation to a male, and therefore—for this is the drift of the argument—an *inferior being*! How very singular it is in the constitution of things, that accidental causes should so universally determine upon having an equal number of both sexes—a fact that probably holds true as it respects the whole population of the globe. There is not one whit more common sense in this ridiculous hypothesis, than there was in a famous Dutch physiologist’s theory in regard to the difference in the size of the two extremities of the child at birth—viz., the head was larger than the nates, because it was the most noble part!

## MEDICAL SERVICES AT INQUESTS.

At a period so remarkable as this is destined to become in the history of medical reform in the mother country, it behooves the profession in this to do something towards maintaining their just rights. There is one

abuse that certainly needs an immediate correction, which from small beginnings has become really burdensome; but as the remedy is perfectly within the control of those who have been the greatest sufferers, it may only be necessary to exhibit the evil to rouse them to action. We allude to the services rendered by medical gentlemen to juries of inquest. Their assistance, in a majority of instances, seems almost indispensable. Yet the compensation made for opinions, involving, perhaps, the liberty or life of an individual accused of the perpetration of a horrible crime, is ordinarily so trifling, that it carries on the very face of it to the world, that the advice given under such exciting circumstances is not very highly valued. Two shillings is, frequently, all the law allows for hours of labor in search of an obscure cause of sudden and suspicious death. Even an entire day, closed by a statement of facts, which no one but an anatomist could collect, is denominated *testimony*, and for the whole, without the least regard to the sacrifice of regular business, the paltry sum of some twenty-five or thirty cents is every farthing he can obtain.

Because some have submitted to this unprofitable waste of time and science, it does not lay others under an obligation to follow the example. The honor and character of the profession demand a change, and as it may be readily effected by a resolute and determined spirit, let those who feel the degradation of selling knowledge on such miserable terms, demand a fee proportioned to the magnitude and importance of their services. There is no reason why the Commonwealth should not, with all its resources, pay as liberally as a humble individual. Certainly there can be no provision for compelling a physician to do the drudgery expected of him by a coroner, nor have we discovered any reason why he may not demand and recover an appropriate charge. At all events, it would be well to determine the point, that the next generation may be benefited by rights that were withheld from this.

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#### CONCOURS IN LONDON.

MANY of our readers will recollect the full account given in Vol. XI. of the Journal, of the Parisian Concours for the election of a Professor of Surgery in the University of Paris. We learn from the London Lancet that the house surgeon of the North London Hospital has been lately elected by a similar concours, or public competition, being the first trial of the kind in England. There were three candidates, on the present occasion. The examination may be divided into three portions, the first being gone through with the first day, the two others on the next.

*1st Division.*—The Principles of Treatment in Surgical Diseases.—These were made the subject of written questions, the answers being given under cover, with mottoes attached, and not opened until the other part of the examination had been gone through, in order that no feelings of prejudice should be created in favor of either candidate by ascertaining the extent of his proficiency in this branch.

*2d Division.*—The actual application of apparatus required in the treatment of fractures, dislocations, &c. The mode of applying bandages, and the mode of dressing after operations have been performed.

*3d Division.*—The performance of those operations which are likely to be required of the house surgeon.

These last two portions of the examination were conducted in the clinical theatre, and the applications and operations were practised on the

dead subject. The names of a great number of the minor operations were written on slips of paper, and placed in a hat, from which the candidates afterwards drew them, each candidate drawing one. The operation first performed by one of the candidates was then performed separately by the others, only one candidate being present at a time. The candidate first named what instrument he would require for the operation he was about to perform, and when performed he described the treatment, dressings, &c. The other candidates were then admitted singly, and underwent the like tests.

The various applications involved in these inquiries were made before the Committee appointed to conduct the examinations and election, consisting chiefly of the medical officers of the institution, who afterwards retired, perused the papers sent in, and decided on the candidate whom they then considered most competent to fill the vacant office.

Dr. Thomson, the chairman of the Committee, shortly afterwards entered the theatre, and announced that Mr. Wallis was the successful candidate; adding, however, that the committee had requested him to acknowledge publicly that the other two candidates had afforded the committee great satisfaction by the manner in which they had undergone the trial of the concours.

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*Management of Sore Legs.*—Ulcerated sore legs have long been considered, in certain systems, of most difficult management. Professor Miller, of the Washington Medical College, Baltimore, has lately detected, in a post-mortem examination, exostosis of those portions of the tibia which during life had been the sites of inveterate ulcers. Profiting by this fact, he has in several similar affections where exostosis was also found to exist, performed the operation of dissecting away the bony excrescence. In one case furrows or grooves were cut in it with the trephine and saw, and the fungous structure chipped away with the chisel and mallet. The soft parts were laid back upon the natural bone, and secured by adhesive strips, lint, and the common dressings. Bread and milk poultice was afterwards applied, and in twelve days the limb was sound and the patient reported well. All cases of ulceration, however, were not found to be caused by exostosis.

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*The Datura Stramonium in Sarcocoe.*—Dr. Thomas T. Everett, of Poughkeepsie, N. Y. has met with partial success in the treatment of two cases of sarcocoe with stramonium, and he recommends a trial of its effects in diseases of a similar character. The cases referred to are reported by him in the last No. of the U. S. Med. and Surg. Journal. In one of them the ointment of stramonium, of twice the usual strength, was applied plentifully to the scrotum for two months, with considerable friction. The extract of stramonium 1-4 grain every morning and evening was taken at the same time. The morbid action and train of disease was entirely arrested, the tumor lessened in size, and most of the attendant evils removed. The other case was also materially benefited.

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*Diagnostic Characters of Saliva.*—M. Donné, of the French Hospital La Charité, has for several years directed his studies to chemical pathology, and has given no small share of his attention to the examination of the fluids of the human body, which he considers equally important with

that of the solids. An article from his pen appears in a late No. of the Archives Générales, on the "Chemical Characters of the Saliva, considered as a means of Diagnosis in certain affections of the Stomach." A diagnosis of this nature, if by its means could be distinguished an irritative and inflammatory condition of the stomach, is indeed a desideratum. M. Donné thinks that such a condition is invariably indicated by the acid character of the saliva. According to his experiments, as well as those of MM. Tiedemann and Gemelin, this fluid is constantly alkaline before, after, and during meals, when the functions of the stomach are regularly performed, and he therefore infers that whenever it is acid, it is in an abnormal state, and is connected with an abnormal condition of the stomach. To determine the chemical character of the saliva, a few slips of turnsole paper suffice. Some preserve their original blue color, others are reddened by an acid. The first serve to determine the acidity of the saliva, the second or red slips measure its alkalinity. When the saliva is in its normal condition, the strip of red paper applied to the tongue assumes a blue tint, while, in the contrary case, it remains unaltered: this is the first step to be taken: if we find the saliva has lost its alkaline or normal character, we try the blue paper, and find either that the blue color does not change (a neutral state), or changes from blue to red, which indicates an acid condition of the saliva.

The practical and most important part of these investigations still remains—viz. the condition of the stomach with which the change of the saliva from an alkaline to an acid state is connected, which can only be established by an extensive number of observations on the human body in a state of disease. This M. Donné has undertaken for the last two years at La Charité, and the result of his experiments convinces him that acidity of the saliva coincides with an inflammatory or irritative condition of the stomach, as contra-distinguished from mere functional disorder. He details four cases where these alterations of the stomach, indicated as above, and by other symptoms, could be verified after death; also four in which the lesions of the stomach could only be deduced from the march of the disease and the effect of remedies.

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**Hydrophobia.**—In the short space of six days, nine cases of hydrophobia were carried to the Westminster Hospital. A case occurred at the London Hospital about the same time, in June. A man sat smoking a pipe, in a parlor at Stepney, when a dog ran past him into the room; some of the company being intimidated, as it was a strange dog, the unfortunate man, in attempting to draw him from under the bench, was bitten. Though caustic was immediately applied, nothing availed, and he soon died.

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**Medical Establishment at New South Wales.**—By recent advices, we learn that a Commissariat and Military Medical Establishment is ordered to be formed in that distant section of the world, under the patronage of the British government, the expense of which is to be borne by the revenues of the colony.

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**Extraordinary Birth.**—In 1820, a poor woman, wife of a laborer in the parish of Upton Warren, England, had four living daughters at one birth. One of the four died on the 23d of June last.

**TO CORRESPONDENTS.**—A Case of Anomalous Tumor, and other favors, have been received.

Whole number of deaths in Boston for the week ending Oct. 24, 42. Males, 22—Females, 20.

Of consumption, 1—measles, 12—typhous fever, 3—stoppage in the bowels, 1—dysentery, 2—dropsy, 4—throat distemper, 1—hooping cough, 2—infantile, 3—diarrhea, 1—convulsions, 1—inflammation of the bowels, 1—lung fever, 3—intemperance, 1—colic, 1—croup, 1.

## ADVERTISEMENTS.

### MEDICAL TUITION.

THE subscribers have recently made some additional arrangements for the instruction of medical students. A suitable room is provided, as heretofore, for the use of the pupils; the necessary books are supplied, and a systematic course of study is recommended. Personal instruction is given to each pupil in each of the several departments of medical knowledge. Every facility is provided for the cultivation of practical anatomy, which the present improved state of the law permits. This department will receive the constant attention of one of the subscribers, who will always give such aid and instruction as the pupils may need.

The pupils have free admission to the lectures on Anatomy, and on Surgery, in the Medical School of Harvard University, and to all the practice of the Massachusetts General Hospital; and generally they have opportunity to attend private surgical operations.

The terms are, 100 dollars per annum; to be paid in advance.

JOHN C. WARREN,  
GEORGE HAYWARD,  
ENOCH HALE,  
J. M. WARREN.

Boston, October, 1835.

Oct 28

### AN EXCELLENT CHANCE FOR A PHYSICIAN.

A PHYSICIAN in one of the western counties of New Hampshire offers to sell his stand, situated in a pleasant and flourishing village, and no other physician within five miles. For further particulars, inquire of the Editor of this Journal, or of Dr. Richards, of Claremont, N. H.

Oct 7

### BOYLSTON MEDICAL PRIZE QUESTIONS.

THE Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following physicians, viz.—JOHN C. WARREN, M.D.—RUFUS WYMAN, M.D.—GEORGE O. SHATTUCK, M.D.—JACOB BIGELOW, M.D.—WALTER CHANNING, M.D.—JOHN B. BROWN, M.D.—GEORGE HAYWARD, M.D.—JOHN RANDALL, M.D.—and ENOCH HALE, Jr. M.D.

At the annual meeting of the Committee held on Wednesday, August 6th, 1835, a premium of fifty dollars, or a gold medal of that value, was awarded to Luther V. Bell, M.D. of Derry, N. H. for a dissertation on the following question—"What diet can be selected, which will insure the greatest probable health and strength to the laborer in the climate of New England; quantity and quality, and the time and manner of taking it, to be considered."

Another premium of the same value was awarded to Usher Parsons, M.D. of Providence, R. I. for a dissertation on this question—"What are the diagnostic marks of cancer of the breast; and is this disease curable?"

The following prize questions for the year 1836 are now before the public, viz.

"1st. How far are the external means of exploring the condition of the internal organs to be considered useful and important in medical practice?"

"2d. To what extent is an active medical practice useful in the common continued fever of this country?"

Dissertations on these subjects must be transmitted, post paid, to John C. Warren, M.D. Boston, on or before the first Wednesday of April, 1836.

The following questions are now offered for the year 1837, viz.

"1st. What is the nature of Neuralgia, and what is the best mode of treating it?"

"2d. To what extent, and in what places, has Intermittent Fever been indigenous in N. England?"

Dissertations on these subjects must be transmitted as above, on or before the first Wednesday of April, 1837.

The author of the successful dissertation on either of the above subjects, will be entitled to fifty dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied with a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and place of residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, if called for within one year after they have been received.

By an order adopted in the year 1826, the Secretary was directed to publish annually the following votes, viz.

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

Boston, August 22, 1835.

GEORGE HAYWARD, Sec'y.

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Publishers of Newspapers and Medical Journals, throughout the United States, are respectfully requested to give the above an insertion.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 141 Washington Street, corner of Franklin Street, to whom all communications must be addressed, post-paid. J. V. C. SMITH, M.D. Editor. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy, gratis.—Postage the same as for a newspaper.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XIII.]

WEDNESDAY, NOVEMBER 4, 1835.

[NO. 13.]

## PETECHIAL ERUPTION OF CONTAGIOUS FEVER.

BY JOHN EUSTACE, PHYSICIAN OF THE DUBLIN FEVER HOSPITAL.

IN the contagious fever of this country, there is not a more constant symptom than petechial eruption ; it may indeed be considered as diagnostic of contagious fever, for I am not aware that there is any other febrile disease of this climate attended with it. I have been led, therefore, in all cases to give very close attention to the state of the petechial eruption in fever. Too little stress has, I think, been laid on the consideration of this symptom ; it has generally been considered as a matter of little importance, or as merely indicating a greater degree of contagion, or as a symptom of fever from which very little or no practical indication could be drawn. I am not of this opinion, and I beg leave here to introduce a few remarks on these eruptions.

I have constantly observed two forms of petechiæ to attend fever ; the one, from its resemblance to the measles, I may call the *morbillous*,—the other is allied to the purpura hæmorrhagica of Willan. The first has been distinctly pointed out by Dr. Huxham, where he says, “that the skin looked sometimes as if it had been marbled or variegated with a color like that of the measles, but more dull and lurid.” This is exactly the appearance of this form of petechiæ ; it generally makes its appearance from the fourth to the sixth day of the fever ; it is first seen on the shoulders, neck, and breast, whence it spreads over the whole body ; the hands and the face are the parts last affected. It is more or less distinct. It is not papular, having only the appearance of being elevated. At an uncertain period it terminates in resolution, leaving no trace on the skin.

The other form, the purpura hæmorrhagica, is found at all periods of the fever, and it is either found pure or mixed with the morbillous. It consists in a number of small ecchymosed spots resembling flea-bites on all parts of the body, frequently very conspicuous on the legs ; these spots are of various sizes, having well-defined edges, and passing into larger blotches and vibices. They become gradually paler before they disappear.

From attentive observation of these two forms of petechiæ, and of the fevers with which I have found them respectively connected, I have been led to the conclusion that they are symptomatic of different states of typhous fever. If we suppose fever to consist in a disordered action of the nervous function, to be a disease of the innervation, which I believe it to be, we shall find in support of this opinion that in one of its forms it usually commences with disordered feelings referable to the seat of the

ganglionic system and its nerves, in the epigastrium. The organs which derive their nerves of organic life from these ganglia become at the same time disordered in their functions, from the morbid change in their organic sensibility; and that state which has been called gastric or hepatic fever is induced. It is in this form of fever that the *morbillous* petechiæ make their appearance, and denote the fever to be confined to the epigastric centre, to the viscera which derive their nerves from the ganglia of organic life. At this time the epigastrium is invariably painful on pressure, and often to the lightest touch. It is only when the fever has either commenced in the nervous system of the encephalon, or has extended to it from the former—when in either case the functions of sensation and the intellectual functions have become disordered—that the petechial *purpura hæmorrhagica* is to be found.

The most usual fever in this country consists of these two forms blended, commencing a ganglionic fever with *morbillous* petechiæ; in its progress the febrile action extends to the brain, and the *purpural* petechiæ make their appearance, and are either found intermixed with the morbillous, or these latter have become much altered; are of a higher color, passing from a faint red to purple; are more defined at their edges, and possessing more of the character of ecchymosis; these changes mark a more severe disease. The decline of the petechiæ, when gradual, corresponds with the decrease of the fever; but when it occurs suddenly, symptoms of debility have set in, and it indicates a fatal termination. The symptoms which attend these two forms of contagious fever can never be confounded. The ganglionic fever frequently runs its course without any attendant cerebral disturbance; its symptoms then are, a feeling of uneasiness and pain on pressure at the epigastrium, suppressed secretions, loaded tongue, great thirst, headache in the forehead and temples, *morbillous petechiæ*, frequent pulse and prostration of strength. When the febrile action has extended to the brain, another set of symptoms take their rise; wakefulness succeeded by coma, muttering, delirium, deafness, imperfect utterance, subsultus, *purpural petechiæ*, blotches and vibices, passive hemorrhages, involuntary discharges, and gangrene, constituting typhus in its worst form. The fever is often in its origin cerebral, and is then attended with purpural petechiæ only, and never in this case, as far as my observation goes, is either intermixed with, or succeeded by, the morbillous; even although the abdominal viscera, as is often the case, should be consecutively attacked in the course of the disease.

Holding these views of fever, I consider the petechial eruption in every case to be diagnostic of the nature of the fever, and as whatever assists our diagnosis is a step gained in the treatment, I shall feel much gratified if the observations of others should confirm my views.

Acting on these principles in the treatment, and not considering fever to be in its proximate cause an inflammatory disease, I avow myself adverse to much bloodletting. Yet considering that unequal distributions of blood take place, and that particular organs frequently suffer from inflammatory action in the course of fever, I have found the abstraction of blood locally, and in small quantity, quite sufficient for the relief of those organs, leaving at the same time the system uninjured by the loss;

for I always hold in view the absolute necessity of supporting the strength, to enable the patient to go through the disease.—*Lancet*.

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#### CASES OF HEREDITARY SYPHILIS.

DR. JOHN WATSON, of the New York Dispensary, relates, in the October No. of the U. S. Med. and Surg. Journal, the following cases, which strikingly exhibit the virulent nature of venereal diseases, and their strong tendency to hereditary transmission.

CASE I.—In the summer of 1833, I attended a sailor's wife, who, while pregnant, had contracted gonorrhœa from her husband. Under an ordinary course of treatment, in a few weeks, the discharge in both husband and wife had ceased, or at least, had so far diminished they they quit the use of medicine. I informed the woman of the danger to which her child would be exposed, if any symptoms of the disease were remaining at its birth. She resumed the medicine for a time, and finally informed me that she had no morbid discharge—no difficulty in micturition, nor any other symptom of the disease remaining. A month or so afterwards she was confined. I did not attend her at the time, but the husband afterwards informed me, that soon after birth, the child had severe ophthalmia, and that it had lost the sight of both eyes.

CASE II.—Alice Kenneda, aged nine months, was brought to the Dispensary January 2d, 1835. For four weeks after birth, she had been apparently healthy, but afterwards became covered with an eruption, which has continued ever since. The child is cachectic; the eruption has degenerated into flat extensive mucous sores; one of the eyes is turned, and the patient is subject to convulsions. The mother stated that about six years ago she had the venereal disease, for which she had been put on an imperfect course of mercury. But with the exception of frequent rheumatic pains, she has never since had any other evidence of the disease about her, than as it appears in her progeny. She has had two children, the first of which died soon after birth, with an eruption on it similar to that of the present case.

I put both mother and child on a mild alterative course, but the infant slowly dwindled away, and died about the first of March.

CASE III.—Elizabeth Hemmans, an English woman, aged 43, had syphilitic symptoms about seven years ago. These went off without any regular treatment. But the disease soon afterwards manifested itself in a constitutional form, and was subdued by a course of mercury. The disease was not eradicated; for ever since, the patient has at intervals an eruption of pustules, surrounded by copper-colored blotches. She has also pains in her bones, and particularly in her forehead. Within this period, she has had three children, two of whom were, at birth, of a jaundiced hue, had eruptions on the skin, and survived but a few days. The third child is still living. He is a lusty little boy, enjoying tolerably good health, but, like his mother, he is cross-eyed, and subject to occasional eruptions. So far as I could observe them, the spots had the appearance of eczema, and would not have been taken as the result of hereditary syphilis.

**CASE IV.**—P. M., four or five years ago, was a patient of the New York Hospital, admitted for syphilis. He was apparently cured of the disease; and with the exception of occasional pains in the chest, attended with cough, and a disposition to be easily affected by changes of weather, he has been tolerably well ever since. He has been married between three and four years, and so far as I can learn, his wife has always been healthy. Their first child died soon after birth, all covered with eruptions; and the second, at present about six months old, has had two or three crops of vesicular eruption, the first of which broke out eight or ten days after the child was vaccinated. The affection of the skin is usually preceded by indisposition, which lasts a few days. The child's general health is apparently good, and at present it has none of the eruption upon it.

**CASE V.**—Thomas Dudley, four months old, was brought to the Dispensary, June 24th, with symptoms of hereditary syphilis. The father had had the secondary form of the disease, affecting his skin at intervals, for more than three years. The mother, within same time, had had both primary and secondary sores, and was treated with sarsaparilla and mercury, without being thoroughly cured. She has had three children since her marriage, that is, since the first existence of the affection. One of these died on the day of its birth, a second before it had completed its third month,—both with the eruption on the skin. The present child has had the peculiar small, red, and scaly blotches, so often seen in infants affected with this disease. The spots have existed about a month. They are generally diffused, but most abundant about the nates and groin. The skin, where not beset with spots, has a dirty, brownish yellow tinge. Around the mouth, and especially on the lower lip, the eruption appears to be vesicular, or, at any rate, moistened; and the integuments there are puckered up, so as apparently to contract the mouth. The child is cachectic, and has a phthisicky cough. The mother, though at present free from sores, is troubled with syphilitic pains.

I put her on the use of Plummer's pill and decoction of sarsaparilla, and the child was directed to have small and repeated doses of the hydrarg. c. creta, and the frequent use of warm baths.

By the 30th of June the eruption appeared to be declining; and on the 14th of July it had nearly disappeared, and the general surface was resuming its healthy color.

**CASE VI.**—In the month of March last, I was called to see Mrs. Mc Cluskie, who had for some time been under treatment by another physician. Several parts of her body were set with a secondary syphilitic eruption. The spots were small and covered with minute scales, and the patient had acute iritis of the left eye. These symptoms had all appeared since her confinement, which had happened six or eight weeks previous. Her child, before the attack, had shown no marks of disease. But I now found the scaly eruption extending to the infant. Its skin, too, was of the dusky yellow tinge, already noticed in a previous case. The woman had not been married quite a year, and she informed me that soon after her marriage she had a slight purulent discharge, which lasted a few days, but she was not aware of any primary sores. I afterwards questioned the father, who acknowledged that, not long before his marriage,

he had been under treatment for the venereal disease ; was treated by a respectable surgeon of Dublin ; went through what was considered a thorough alterative course ; had no sores about him when married ; and had not experienced any symptoms of the disease since.

The mother and child were treated on nearly the same plan as case fifth, and with the same result. The eruption, however, became for a time very abundant on the child, particularly about the nates, groins, back of the neck, and at the flexures of the knee and elbow. The cuticle on most of these places was at one time abraded, the surface much inflamed, and the child was much exhausted by the consequent irritation. But on the alterative course, aided with anodynes, and the use of a solution of lunar caustic as a wash, for which the alkaline lotion was afterwards substituted, the eruption disappeared. It was followed by a mild attack of pneumonia, and from this also the child recovered.

**CASE VII.**—Joseph Daily, aged six months, was brought to the Dispensary on the 17th of July, with syphilitic symptoms similar to those of the two former cases. The disease was inherited from the mother. The child's head was deformed ; features wrinkled and withered up ; swellings and eruptions generally diffused, but most abundant on the nates ; eyes both inflamed. Parent and child put on the same course as the preceding cases. Result not ascertained.

**CASES VIII., IX. and X.**—On the 22d of June, I was called to a family in Grand Street, consisting of a woman (Mrs. Merthrop, aged 21), her child, a boy six months old, and a little girl aged 2 years, a niece of Mrs. M. They had all an eruption on the skin, the appearance of which led me to believe it syphilitic. The mother had small scaly spots on her neck and chest, and if I recollect rightly, it was pretty general, though not thickly set on her limbs. Her infant had an eruption about its mouth, and was covered with round discolored spots, which, at first view, might have been mistaken for water blisters recently broken, and rendered level with the skin. But on closer examination, there was no vesication to be seen. The surface of the spots was dark and studded with minute scales. The other patient, the little girl, had been ill from her birth, and had never had the use of her left eye. The surface of her body was also unmarked with the eruption.

The woman informed me that she had never had any primary symptoms on her private parts, that the eruption had appeared first upon her infant, who, for some days after birth, had been nursed by Mrs. M.'s sister, the mother of the little girl. This woman had for a long time labored under the venereal disease, and had been ineffectually treated for it at Bellevue. She had communicated it to her own progeny, and no doubt the disease was also communicated to Mrs. Merthrop's child by the breast, and from him in turn it was extended to the mother. I put the latter on the use of Plummer's pill, and the decoction. At the same time, the children took, as an alterative, the hydrargyrum cum creta. In a few weeks the mother and infant were free from all eruption, but so recently as the first of the present month, the little girl had still some of it upon her. It existed at the nates in the form of intertrigo.

In reviewing the foregoing cases, what are the inferences to be drawn from them ?

1st.—That where a pregnant female becomes affected with gonorrhœa, the subsidence of the discharge, and the disappearance of all the other ordinary external symptoms of the disease, even for many weeks prior to the delivery, are not sufficient to assure us that the infant will not be contaminated.

2d.—That when a female has the venereal disease in her system in a latent form, she may have children born with a syphilitic eruption upon them ; or the eruption may break out soon after birth ; or at the expiration of several weeks, or, lastly, not until some accidental disorder occurs to make it manifest.

3rd.—That the mother still continuing to bear children, each subsequent child will be affected with the disease in a degree milder than the former child, until finally the evidences of a syphilitic contamination become equivocal and confused.

4th.—That in infants the disease, though extending to other parts, is most disposed to affect the skin, and that the portions of the skin most severely affected, are at the nates, groin, the flexures of the joints, the mouth, and eyelids. The children severely affected, are generally cachectic, and the skin has a dusky, brownish yellow tinge, which, taken with the eruption, may be considered characteristic. The most common form of eruption in children consists of rounded and flattened spots of a copper or chestnut color, more or less deep. These are sometimes dry, and studded with minute scales. Or if the eruption appears near the joints, or at the folds of the skin, where one part rubs against another, the surface becomes broken and moist, sending forth a serous fluid, and presenting the usual appearances, when the spots are large, of *eczema intertrigo*.

5th.—That the disease may be extended from the infant to its nurse, and produce a diffuse cutaneous eruption on the latter, without any other primary sore than an abrasion of the nipple.

6th.—That a husband who has recently had the venereal disease, although considering himself cured, and without any external sore about him, may nevertheless communicate the disease to his wife and offspring ; and that the longer the period between the subsidence of venereal symptoms in the husband, and his communication with the female, the less will be the risk of her having the disease.

Lastly.—I have reason to suspect, but do not state it as a fact, that a father, who, at some previous period, has had venereal symptoms, may communicate the disease to his offspring, without producing any external marks of its existence in his wife.

#### VECHATIOUS CONSULTATIONS.

[If, in the following paper, our correspondent has really drawn up a narrative of his own ill treatment, at the hands of a man identified with the regular profession of this orderly Commonwealth, it is clearly evident that the exhibition of selfishness, aside from all considerations of ignorance concealed, proves that his counsellor's reputation is suspended by a single hair.—ED.]

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—The following case is related for the purpose of directing attention to the much neglected, though very important subject of medical police in relation to consultations.

CASE.—A boy falls from a tree some 15 or 20 feet to the ground, strikes the anterior external point of the shoulder, very probably, upon a stone or rock. The consequence is, a severe contusion of the soft parts at this point, and a fracture of the neck of the humerus. *Symptoms.*—There is much swelling, with discoloration, and a large ecchymosis at the anterior external point of the shoulder. The outer fragment of the bone is displaced forward about half an inch by strong contraction of the pectoral muscle, so as, together with the swelling, to produce considerable deformity of the shoulder. There is a depression behind and beneath the acromion process. The humerus hangs loosely by the side, the forearm flexed to a right angle with it. The arm can be moved backward and forward without resistance, and with rather obscure crepitus, but by rotating the bone a little in combination with this motion, a distinct jerk of the external fragment, with harsh grating of the fractured surfaces, is felt by the hand applied on the top of the shoulder.

The friends being much agitated and alarmed by the suffering of the patient previous to and during the examination, are extremely impatient to have "the bone set;" and when informed by the physician in attendance that the only reduction necessary in the case, would be effected and maintained by the application of the proper dressings, they request that a consulting physician be called in before the dressings are applied, to which the attending physician readily consents. The fragments of the bone being then in apposition, and the arm in an easy position, the patient remains tranquil, except an occasional spasm of the pectoralis major displaces the exterior fragment forward, when the pain is renewed.

The consulting gentleman, a man of respectable standing and much professional experience, presently arrives; and immediately on taking hold of the shoulder, pronounces it a dislocation of the humerus *forward* (*memini*, directly in face and eyes of the producing cause), and makes an attempt at reduction. The complaints of the boy being loud and reiterated, the physician soon desists from the trial. At this moment arrived another, a highly distinguished medical gentleman, who happened incidentally to be called. After a little further examination, the consulting physician modifies his diagnosis, and says that "the edge of the glenoid cavity may be broken off, so as to let the head of the humerus roll forward a little out of place, or if any bone is broken it must be the coracoid process of the scapula." The distinguished gentleman who had just come in, is then requested to examine the shoulder, but the consulting physician, with characteristic courtesy, retains his hold of the limb, and gives him no opportunity to do so.

To make the matter short, however, it is agreed that such dressings should be applied as would retain the parts in as natural and easy a position as possible, and that it be left with suitable medicinal appliances until the swelling subsides, when the after treatment may be adapted to meet the existing indications.

The dressing being finished, the distinguished gentleman departs. The —

consulting physician soon after leaves the house, not a word being said by any one about his further attendance. The physician first called and first in attendance, when about to leave, said to the father of the boy, "You will of course expect me to take charge of the case, and I will see him again to-morrow morning." To which the father replied, "he had no particular preference among the physicians, he was but little acquainted with either of them; but Dr. — (the consulting physician) "told him, after he went out of doors, that he would see the boy again in the morning and take care of the case—and since the doctor had agreed to come, he could not very well then alter the arrangement." "Very well," says the attending physician, "if such an arrangement has been made, and he chooses to take the case under such circumstances, I have not a word to say. The patient is his."

The above is a simple narration of the material facts and circumstances in the case.

Now, sir, I desire to make some inquiries respecting professional etiquette in cases of consultation. In order to maintain harmony with our brethren, it would seem that some prevailing principles of conduct, some established rules of decorum, should be observed by consulting, towards attending physicians. Cases are frequently occurring, in many places, where patients are unceremoniously transferred from the hands of the regular attendant to those of the physician called in only for counsel; while the causes of the transfer, or the means by which it is effected, are entirely concealed from the former. Hence jealousies arise, and a state of feeling is produced sincerely to be regretted by every member who has any regard for the honor or respectability of his profession. Does not every case, of *right* and from *courtesy*, belong to the physician first called, until a different arrangement is made between himself and the other parties? or, at least, a desire for a change of attendants is communicated to him? Shall it be considered honorable for a physician to hold secret interviews with the friends of a patient on whose case he is called to advise, for the purpose, whenever in his power to do it, of purloining the case from his unsuspecting brother? Does it comport with the dignity of a professedly liberal and high-minded profession, for its members to grasp, with the rapacity of hyænas, at every case that comes within their reach, regardless of the rights of others, or even of the civilities due from one gentleman to another? If patients or friends desire a change of medical attendants, the thing may be easily and amicably effected; no *gentleman*, certainly, would object to gratifying their wishes. But, notwithstanding, abuse of privilege in this respect is practised, in some places in the country, to a disgraceful extent. The writer has known numerous instances, where patients have been clandestinely decoyed from the hands of highly respectable and skilful practitioners, by the cupidity and arts of some consulting and secretly officious neighbor.

Such practices are productive of nothing but hostility in the ranks of the profession; consultations are thus rendered offensive and even *odious*; and instead of administering to the relief of suffering humanity, they but too often aggravate the miseries of the patient, and are shunned by the medical attendant as he would a pestilence. The character of the pro-



profession is thus degraded from the dignity "of a learned body of savans," to a level with time-serving and mercenary knaves.

How can the jealousies and dissensions of medical men (for which they are notorious the world over) be avoided? Doubtless the violation of consulting privileges is a fertile source of them.

You, Mr. Editor, and some of your gifted correspondents, are competent to set this matter in its proper light before the profession, and in a measure, at least, to correct the evil. Among the multiplicity of other topics of absorbing interest, the subject of medical police, especially in relation to consultations, has been too much overlooked. At least it has not been presented in such a manner, and through such channels of communication, as to produce a decided influence on the profession at large. Will not some gentleman favor your readers with an exposition of the rules of professional etiquette observed in consultations in the metropolis of our State, where the medical profession is distinguished for harmony in its councils, as well as for commanding talent and accomplished erudition? Let your rules of decorum be promulgated through the columns of the medical journals; let the subject be broadly discussed, and the sense of the profession had upon it; not invidiously, but in its general application, so that some fixed principles and wholesome practices may grow out of it.

Your obedient, humble servant,

Worcester, Mass. Oct. 25th, 1835.

WM. WORKMAN.

#### DENTAL SURGERY—COMMENTS ON COMMENTS.

[To show that we are willing to oblige all parties, the annexed communication is admitted, although full of criticisms upon a note of our own writing, which we discover no sort of reason for altering.—ED.]

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—In the last number of your Journal, dated Oct. 21st, under the head of Dental Surgery, you present the report of a Committee of the Counsellors of the Mass. Medical Society, relative to certain resolutions offered at a regular meeting of the Board in May last; and in your pre-fatory remarks to that communication, you state that,

"A resolution was laid before the Counsellors of the Mass. Med. Society in May last, which had for its object an elevation of the practising dentist to all the privileges and immunities of the practitioner of medicine—making mechanical skill in a particular department of surgery, equal to the acquisition of abstract science," and that "the adoption of the resolution would, in fact, have been the declaration of a learned body of savans, that a knowledge of dentistry, alone, was equal to the sum of all that pertains to the healing art."

Now, sir, I am confident, that if you had seen and read the *three* resolutions which were referred to the above-named committee, you could not have made such a statement, but would have introduced the subject with remarks calculated to convey very different impressions from those in the Journal, above quoted.

There was nothing in the tenor or spirit of those resolutions which

aimed to "an elevation of the practising dentist to all the privileges and immunities of the practitioner of medicine"—unless he shall have complied with the requisitions of the Massachusetts Medical Society in obtaining a medical education, and thereby have become *entitled* to these privileges, &c. whether he confine himself to one branch of his profession, or practise in all. There was no comparing of "mechanical skill to the acquisition of abstract science" in either of the resolutions. They were drawn up by an individual who would be among the last to think of representing "that a knowledge of dentistry, alone," or any other department of surgery or medicine, *alone*, "was equal to the sum of all that pertains to the healing art."

The resolutions were prepared to be presented to the Massachusetts Medical Society at their last annual meeting. They were shown to several distinguished members of that Society, and were fully and unqualifiedly approved by them. There was not time to bring them before the meeting; and therefore, with the advice of the members just alluded to, they were laid before the Board of Counsellors. The Committee of that Board have discussed the subject of them, not perhaps in a manner, in all respects, according exactly with the sentiment of the author of those resolutions, but they have expressed the same opinions in their report, with regard to the main objects; and the measure which the Counsellors have voted to recommend to the Society, by the acceptance of that report, is such, and such only, as was proposed in the resolutions themselves.

The only difference, therefore, is that, that Committee, after giving the matter a candid and faithful examination, were of opinion that the whole object proposed by the resolutions would be obtained by the amendment, or alteration of a single By-Law of the Society, which measure they accordingly recommended.

Relying on your candor, therefore, and trusting that you will willingly correct any erroneous impressions which your remarks in the *Journal* shall have made on the minds of "the advocates of order and method in the arrangement of useful knowledge," you are requested to insert this explanation in the next number of your *Journal*, and oblige

Your friend and obedient servant,

J. F. F.

*Boston, October 24th, 1835.*

#### LECTURE ON ONANISM.\*

[Communicated for the Boston Medical and Surgical Journal.]

THAT the vice which has been the occasion of calling forth this lecture has long existed to a deplorable extent, and that, as civilization has progressed, and society has become more and more artificial, it has frightfully increased, does not, we think, admit of a doubt. The medical profession have, at all events, long seen and lamented its ravages. But what could they do? And what, indeed, could be done by anybody?

\* A Lecture to Young Men. By SYLVESTER GRAHAM, Public Lecturer on the Science of Human Life. Providence. Weedon & Cory. 1834. 12mo. pp. 60.

On this question, not only medical men, but the rest of the world, are divided in opinion. One class maintain—and no doubt with the utmost sincerity—that to touch the subject is but to make things worse. They would ask, perhaps, in the emphatic language of Scripture—"Can one take live coals in his bosom and not be burnt?" They even carry their cautions so far, in this matter, that they are sometimes slow to make those inquiries which are of the highest importance to some of their unfortunate patients.

But there is another class of the community, including a few medical men, who entertain very different sentiments. They believe that the silent course has long enough been tried; that the evil in question, which has been increased by this long silence, and sometimes by connivance, must be encountered, and that speedily. With them the only question which remains, is—not, shall the evil be met? for that is settled; but "In what manner shall we meet it?"

One of the forms of meeting those whom it is desirable to address on this subject, is by lecture. Another is through the medium of the press. A third, and by far the more important method, could it be secured, is through parents. These, under God, are the natural guardians of their own children; and theirs it most properly is to warn them of the dangers to which, in every step of the journey of life, and especially in its earliest stages, they are exposed. But parents will not do this. Some are even in no small measure ignorant on the subject—first, of the evil itself; and secondly, of its turpitude and danger. But the majority, though awake in some degree to the existence of an evil that threatens to undermine the constitution and destroy the hopes of the rising generation, as well as of the country, the church, and the world, *dare* not, for their lives, speak to those whom God has given them, of the vice or of its danger.

How shall this state of things be removed? Shall parents be instructed, or lectured on the subject? But how—when—and where? Mr. Graham, the author of the work before us, has long considered this subject, and has done something. But he has met with difficulties. At length he has resolved to publish—not, however, as he says, without numerous and earnest and repeated solicitations.

He does not, indeed, expect that his work will be read extensively by parents, but chiefly by those to whom it was first addressed, and who, in the ordinary course of events, must, ere long, sustain that responsible relation. He hopes, in this way, to reach, though the process be indirect, a class of the community, in whom it is important to prevent, if possible, that which it seems next to impossible, when once rendered habitual, to cure.

In preparing the work, he has evidently been compelled, in no small degree, to strike out a new path. Nothing of much importance—nothing, at least, which tended to exhibit the subject in a proper, that is, in a physiological light—had yet appeared. "Tissot on Onanism," translated by a physician of New York, was before the public, but was objectionable in some of its details and terms. Alcott's "Young Man's Guide" had also been published a short time before the appearance of the "Lecture," but it contained only a single chapter on a topic which required a volume.

In these circumstances, such a work as the Lecture was thought to be demanded by the awakening public mind, and in answer to the voice of public and increasing inquiry. The result was the publication of the work before us. It presents alarming statements, but we fear they are too true. We beg every parent, or rather every physician who is a parent, to read the work himself; and if he regard it as we are compelled to do, he will endeavor to do good within the sphere of his influence by promoting its circulation.

*Boston, October, 1835.*

## BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 4, 1835.

### INFLUENCES OF RELIGION ON HEALTH.\*

In looking over the pages of this novel production, we cannot otherwise regard it than as an extraordinary book. Although the author professes, apparently, a high respect for the character of the christian religion, generally, he would so prune it of its necessary accompaniments, to make it what he conceives it should be, not to affect the physical condition of mankind, that the infidel may turn to him with exultation, and glory in calling to his aid this treatise in confirmation of his disbelief. What sort of a revelation the author contemplates, it is extremely difficult to divine. He may calculate with great certainty upon one thing—viz. that all denominations of christians will be positively surprised at the birth of this anomaly of the press. Even the phrenologists, that sneered-at race of modern philosophers, who discover multiplied evidences of the truth of their science in the very oppugnation of a half developed world, have nothing comforting prepared for them here. But they are not the only ones uninvited to the intellectual feast. The medical profession, if possible, will find less to please or instruct them, than any other class of readers. Still, the construction of the book is such, and the classification of the absurdities of bigots and religious fanatics so methodically arranged, that it will be read;—but the reader must watch himself most narrowly, or he will be transformed into a sceptic. The chapter on revivals is enough to excite astonishment. Doubtless the author will by some be numbered among the insane, as the only charitable means of accounting for the violence and boldness of his thrusts against the churches, in this unique, equivocal essay, under the pretence of inquiring into the effects of religious excitement on the constitution, health, and worldly happiness of its subjects.

A large part of the book is made up of historical memoranda—true—every word true; but the sneer of the author is perceptible at a glance. He has selected just such paragraphs, here and there, and no others, as serve his purpose in showing that we are a priest-ridden people, zealous in cheating ourselves out of pretty much all there is with certainty to be enjoyed, while neither the physiological, the metaphysical, nor the therapeutic deductions amount to much.

\* Observations on the Influence of Religion upon the Health and Physical welfare of Mankind. By AMARIAN BAIGMAN, M.D. Boston: Marsh, Capen & Lyon. 1835. pp. 331. 8vo.

Notwithstanding the general tenor of these observations, we are fully convinced that Dr. Brigham might have made a happier effort and secured the esteem if not the admiration of his contemporaries, as he has indeed done in former works. That he is a thinker, cannot be doubted ; but his cogitations are like those of an envious man, soured against the world for not appreciating his merits.

We shall hereafter examine the medical influence and tendency of this volume, which more properly come within our province, not doubting that full justice awaits the author with regard to its theological bearings, at the hands of laborers who are competent to the undertaking.

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#### PROPAGATION OF RINGWORM.

For successive years, Christ's Hospital, in London, has been notorious for the perpetual existence of ringworm. Notwithstanding the frequent change of officers, with a view to eradicating a disease which has been represented as having made sad havoc with the children of the institution, the latest accounts reiterate the melancholy and truly mortifying intelligence that all the medical skill exerted for subduing it, has been totally unavailing. Growing out of this evil, a sort of feud has been maintained between the governors and those who hold their appointments under them, productive of unpleasant consequences. Nepotism, a favorite practice with the great medical leaders of the metropolis, is said to have operated quite as unfavorably for the interests of this hospital, as any other ; and to this cause is imputed the difficulty of introducing men competent to the management of the inmates. Mr. Plumbe is now a candidate among others, for appointment, well known for his researches in a particular line of practice ; but his election is quite problematical, when the forces of those who have relations to be provided for, are arrayed against him. Feeling but a remote interest, however, in the success of any one who may solicit a station in a charity of such bad odor, it is still impossible not to be anxious for the reputation of the profession, learned as they must be, if they still remain unable to overcome a malady which any American physician would hardly consider of serious concern.

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#### LOCAL MEDICAL DOINGS.

VERY soon, the annual course of lectures will be commenced at the Mason Street College, which possesses as many advantages for medical education as any school in this country. It should be recollected that in connection with the daily instruction of the faculty, the great operations of surgery at the Massachusetts General Hospital, the clinical lectures by the professors and the various privileges arising from a matriculation at this institution, are of an important and advantageous character to the student. It seems impossible that a young man should place himself within the influence of all these aids to knowledge, and not profit by them.

A gentleman well known to the cultivators of practical anatomy, is prosecuting his favorite labor with great spirit and satisfaction, we understand, surrounded by a phalanx of pupils, as usual, with whom he has always been deservedly popular. A popular course of anatomical lectures and demonstrations is also about being announced for the winter season,

by two gentlemen who have been many years associated in the same arduous pursuit.

In addition to these, there are two private medical schools under the immediate charge of several of the most eminent men in the profession, who give a distinction to them by the mere weight of their names ; but when it is known that each one actually takes upon himself the responsibility of conducting some particular department, in which the attending pupil must necessarily become thoroughly conversant, it will be readily perceived that the opportunities thus presented are certainly of a high order, and especially in the winter, on account of the greater facility with which dissections may be then prosecuted. If there could be added a professorship of comparative anatomy to the Mason Street School, it would be contemplated in a little time in the light of an indispensable accompaniment to a perfect system of medical education. We are extremely desirous of seeing some man of sterling acquirements in such a chair, contributing to the further usefulness and completeness of the public instruction of the lecture rooms.

Without minutely detailing the particulars in this paragraphic view of what is doing professionally in Boston, the above is sufficient to show that no exertions are wanting to sustain any reputation which our city may have heretofore acquired.

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*Spitting of Blood.*—Cases not unfrequently occur in which much unnecessary alarm is created by the issue of blood from the mouth, which is supposed to proceed from the lungs or the stomach, but which, on examination, is found to have its source in the fauces, posterior nares, or the gums. A case of this kind is related in a late No. of the Dublin Journal. The individual, a delicate lady, awoke at five o'clock in the morning with what she called a "spitting of blood." The remedies resorted to were without avail, until the arrival of the second physician, who, on examining the mouth, discovered that the hæmorrhage issued from the sockets of two of the lower incisor teeth, which were loose. The bleeding was easily arrested, after extracting the teeth.

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*Tubercular Phthisis.*—Dr. James Clark, of London, it is well known, is the author of several valuable medical treatises. An article from his pen on Phthisis, in the English Cyclopædia of Practical Medicine, a short time since, was well received by his professional brethren in England, and he has in consequence been induced to republish it as a treatise in a separate volume. From its Preface we select the following paragraphs, in which the reader will discover the most important point in Dr. C.'s view of this disease.

"The total inefficiency of all means hitherto adopted for diminishing the frequency or reducing the mortality of this class of disease, is of itself sufficient incitement to us to seek for some other method of remedying the evil ; and it is evident to me that this can only be done, with any reasonable prospect of success, by directing the attention to such measures as are calculated to prevent the hereditary transmission of the particular morbid state in which the formal disease originates, and to correct the predisposition to it in infancy and youth. It is, accordingly, on this part of my subject, which involves the consideration of the origin, causes, and prevention of the disease, that I have more especially dwelt.

"By diminishing the disposition to this most destructive of all human maladies, we shall not only reduce the sum of its daily victims, but we shall raise the standard of public health, and at the same time advance the moral excellence of man, augment his mental capabilities, and increase the sphere of his usefulness ; for it need not be stated, that without sound bodily health the intellectual powers languish and decay."

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*Intestinal Convulsions.*—Dr. McLeod, of Bridlington, in detailing a fatal case in a child, from eating unripe fruit, gives the following opinion, regarding the cause of the disease. A healthy flow of bile is unquestionably indispensable to the peristaltic motion of the intestines, and on the other hand, a vitiated secretion of that fluid must retard their vermicular motion and tend to detain acrid alimentary substances in the duodenum for a much greater length of time than is necessary for the process of nutrition. The accumulated exposure to animal heat consequently occasions the acetous fermentation, the disengagement of gas, excessive pressure on the extremities of the superior mesenteric and branches of the solar plexus of nerves which enter the viscera of the abdomen, and sympathetic affections of the limbs and other parts of the body, producing convulsions, and such depression of all the powers of the system, as, unsubdued, must terminate fatally. The idea is philosophical, and what renders it striking in these borrowing times, is the undeniable fact that it is perfectly original.

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*A new Device for the Sick.*—A spiral spring bed, represented to be a most admirable invention for ameliorating the sufferings of the sick, has been offered the public by the Messrs. Lyman, of East Hampton, Mass. By forwarding us a minute description of its construction, accompanied, if possible, with a profile drawing, we might probably aid the inventors in extending the knowledge of the advantages to be derived from the adoption of the spiral spring bed—if it really possesses any.

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*Surgical Cutlery.*—Instruments of exquisite workmanship are made by G. P. Schinely, New York. Those manufactured in Boston are not inferior to any specimens from Birmingham. This sort of intelligence is of such importance to operators in this country, that it always gives us pleasure to make mention of the mechanical skill of native manufacturers.

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*Course of the Cholera.*—Italy is nearly free from this scourge of mankind, where its activity has been displayed in a most awful manner. At Genoa, the deaths were thought to have been between three and five thousand. One thousand deaths actually occurred in a single week.

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*Fresh Water.*—In the Common Council of this city, last Thursday evening, an order was introduced by a committee appropriating the sum of \$500,000, for the purpose of bringing a supply of good water into the city. Never was an improvement more obviously called for, than the introduction of good water into Boston. Still, however, we discover no positive indications of its very speedy appearance.

**Luxation of the Forearm—successfully reduced after five months duration.**

—M. Roux has succeeded in reducing in a young man, twenty-two years of age; a luxation of the forearm of five months duration, and in which there was apparently complete ankylosis, for the forearm was posterior to the humerus; the limb was extended, and it was impossible to effect flexion.—*Archives Générales.*

—**DIED**—At Sidmouth, Eng. of phthisis pulmonalis, James Paty, Esq. of the Royal College of Surgeons. He had secured an extensive reputation, and was well known through his writings. He was also the inventor of the hydrostatic injecting apparatus, for introducing fluids into the intestines without a syphon; and the oviform ivory rectum dilator, for strictures in the lower bowels.

On the 17th inst., the Baltimore Medico-Chirurgical Society held a meeting in consequence of the death of Dr. Samuel Baker, of that city, an eminent physician, and adopted the following resolve, among several others equally honorable to the faculty. "That the Medical Faculty of the city of Baltimore deeply deplore the loss which they, in common with this whole community, have sustained in the death of the late Dr. Samuel Baker, in whom exalted professional worth was associated with a life of consistent piety, active benevolence, and strict professional courtesy."

Whole number of deaths in Boston for the week ending Oct. 31, 42. Males, 27—Females, 15.

Of rheumatic fever, 1—measles, 15—apoplexy, 2—dysentery, 2—throat distemper, 1—typhoid fever, 4—canker rash, 1—consumption, 4—croup, 1—diarrhea, 1—lung fever, 2—debility, 1—brain fever, 1—cholera infantum, 1—decline, 1—tumor, 1—child-bed, 1—liver complaint, 1—mortification, 1. Stillborn, 3.

**ADVERTISEMENTS.****MEDICAL TUITION.**

The subscribers have recently made some additional arrangements for the instruction of medical students. A suitable room is provided, as heretofore, for the use of the pupils; the necessary books are supplied, and a systematic course of study is recommended. Personal instruction is given to each pupil in each of the several departments of medical knowledge. Every facility is provided for the cultivation of practical anatomy, which the present improved state of the law permits. This department will receive the constant attention of one of the subscribers, who will always give such aid and instruction as the pupils may need.

The pupils have free admission to the lectures on Anatomy, and on Surgery, in the Medical School of Harvard University, and to all the practice of the Massachusetts General Hospital; and generally they have opportunity to attend private surgical operations.

The terms are, 100 dollars per annum; to be paid in advance.

Boston, October, 1835.

Oct 28

JOHN C. WARREN,  
GEORGE HAYWARD,  
ENOCH HALE,  
J. M. WARREN.

**A STAND FOR A PHYSICIAN.**

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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[NO. 14.]

## CASE OF DERANGEMENT OF THE FACULTY OF LANGUAGE.

BY JOHN GRATTAN, ESQ. BELFAST.

G—— B——, Esq., aged fifty-six, a gentleman of a highly cultivated and vigorous mind, had, about two years since, and within a short period of each other, several attacks of paralysis, affecting the right side, from which he has only partially recovered. His daughter, to whom I am indebted for the details of the case, and who has perused and confirmed the accuracy of the present report, states that at first his speech was not affected. The first symptom which he manifested of any disorder in the organ of language, was an inability to remember the name of a place in the country, in which he was much interested, and which he called "*Red Well*," instead of "*Red Hull*," without appearing to be conscious of the error, as he seemed to be annoyed with his friends for not understanding him. Very shortly after, he became unable to articulate at all. The only words which he can at present pronounce are "aye" and "no;" and even in the use of these simple monosyllables he occasionally becomes embarrassed and confused, particularly if more than ordinarily unwell.

He understands distinctly and clearly everything that is said to him, and likes to have any interesting occurrence in the newspapers repeated, but does not attempt to read for himself. So far the deprivation of speech might be supposed to depend upon disease of the mechanical vocal apparatus. But if that were all, he should be able to communicate his thoughts in writing. This, however, he cannot do; and the great peculiarity of the case is, that while his efforts to put his thoughts on paper are uniformly abortive, and accompanied with such evident marks of mental confusion and agitation as to be distressing to his friends and harassing to himself—as though he felt provoked at being unable to accomplish what he thinks he ought to be able to do—he can calculate figures with perfect *accuracy* and *facility*, and even takes at times a pleasure in the employment. Of late, he has succeeded occasionally in writing an intelligible word, which has been observed to be always a proper name. In attempting other words, he so misplaces the letters as never to be understood. It is also quite apparent that the effort is unpleasant to him. Recently he wished to communicate something respecting a particular individual; and, after several efforts, such as writing *Hu*, *Hugh*, finally accomplished so much as to write intelligibly the word *Hugh*, and then turned to his daughter with an air expressive of a desire that she should help him by repeating the surname, which she did, naming different individuals who had that name, until he gave his assent.

In other respects, as far as can be judged under such circumstances, his mind exhibits no want of integrity whatever.

He took so warm an interest in the result of our contested election, as to go in a chair to give his vote, when he found his party was likely to be unsuccessful; and this contrary to the wishes and entreaties of his friends, who were apprehensive of its injuring his health. In money transactions, he shows as much acuteness as ever. He not long since made a transfer of some property; and, after signing the deed, and finding that it had been given to the purchaser before the purchase-money had been paid, he became quite unhappy until informed that the original deed of transfer to himself was in his own possession, when he was perfectly satisfied. He was also desirous of knowing how a certain sum of money had been appropriated, and would write down without difficulty or exertion the amount he wanted to inquire about, such as 800, 200, &c.; but for anything farther, he would only look and listen, expressing his assent or dissent, as his friends happened to hit upon his meaning or not. They are able to understand much of his wishes by the expression of his countenance.

The sound of his voice is as strong and clear as ever. He was always particularly fond of music, and still continues to derive great pleasure from it, keeping accurate time during its performance.

As he began to recover, he employed a schoolmaster to teach him to write with his left hand, and made unusual progress in that acquirement; but he can form letters accurately only when he has before him a copy from which to write, whilst he has no difficulty in writing figures, evidently showing that though Form is intact, Language, which associates the word with its symbol, being impaired, is incapable of exciting the former organ into correct action, whilst with calculation the fact is otherwise.

A most extraordinary peculiarity in this gentleman's head is the existence of two fissures in the skull, having the appearance of the fontanels in children, as if there had been an absorption of the bone, but lying, as far as I could learn from mere description, the one on the left nearly over the organ of *Veneration* and part of that of *Firmness*, and that on the right across part of the organs of *Conscientiousness* and *Hope*; and I am positively assured by his daughter, that his clerks could at any time tell when he was angry, without hearing him speak or seeing his face, but simply from the great *depression* which on such occasions occurred in those fissures, or, as they termed it, "the holes that would appear in his head," and that she has at different times observed the same phenomenon herself.

Viewing the circumstance physiologically, is it not possible that the excitement of *Combateness* and *Destructiveness* causes, as in the case of blushing, a sudden impulse of blood to the parts, and that the unequal distribution of blood thus produced is attended with a temporary collapse of the organs of the moral sentiments, which are situated in the neighborhood of these openings, thereby diminishing the resistance which they afford to the atmospheric pressure? Whether this be the reason or not, the fact is indisputable: the appearance is described to be as if the integuments were "drawn in."—*Phren. Journal*.

## CHLORIDE OF SODA IN FEVER.

A PAPER on this subject was read at the British Association in Dublin, by Dr. Robert Graves, who spoke of the remedy in the following terms :—

The chloride of soda was first recommended in fever in 1827, by Dr. Robert Reid, of this city, but had never been adopted by the profession, when I commenced a series of chemical experiments on its efficacy in 1832. Since that time I have employed it in many hundred cases of fever, and, on the whole, with satisfactory results. Many persons also, who have used it in the manner recommended, have expressed themselves in high terms of its utility. I have never given it in fever, except when the first stage is speedily followed by debility, and most commonly at a later period, when the well known group of symptoms generally called typhous are present. In inflammatory fever, in simple, continued, or in nervous fever, I have never ordered this remedy ; nor do I believe it to be of the least use in controlling the febrile excitement of ague or of hectic. Again, where fever is the consequence of some local inflammation, whether arising spontaneously or from an injury, the chloride of soda is quite inapplicable.

It is, in fact, only in that state of fever in which the disease may be termed simple, and where there are no local complications, that general remedial agents, such as the chloride of soda, can be employed. I was first induced to try the chloride of soda internally on an extensive scale, by the perusal of a very interesting pamphlet, written by Dr. Lawrence, the present archbishop of Cashel, a celebrated oriental scholar and an excellent chemist, published about three years ago, which may be strongly recommended to the notice of the profession. The mode in which I prescribe it is in doses of from fifteen to twenty drops every fourth hour, in an ounce of water or camphor mixture. How it acts I will not pretend to explain ; it is sufficient to say, that there is no remedy from which, in such cases, such unequivocal benefit is derived. It operates energetically, though not very rapidly, in controlling many of those symptoms which create most alarm. It seems to counteract the tendency to tympanitis, to correct the fœtor of the excretions, to prevent collapse, to promote a return to a healthy state of the functions of the skin, bowels, and kidneys ; in fact, it appears admirably calculated to meet most of the bad effects of low putrid fever. Of course it will fail, like all other remedies, when the disease has reached a certain point of intensity in individual cases. This, however, is no argument against the employment of a remedy of extensive utility and unquestionable value. This remedy has been extensively tried in fever by Chomel, with great success, and that excellent physician is still, I believe, engaged in making further clinical experiments on the subject. Dr. Dorr, of Marseilles, has published several cases of typhus, in which the chloride of soda was found beneficial in 1833. We have in Dublin always adopted the precaution of diminishing, as soon as possible, the strength and frequency of the doses. It was never continued beyond six or seven days. Dr. William Stokes has also found it gradually but steadily remove all the bad symptoms, and in all cases the patients had most favorable convalescences.

The solution used was that which is generally considered to be a saturated solution. Wine, stimulants, and nutriments, were also given with it, according to the exigencies of the case.—*Dublin Med. Journ.*

#### TREATMENT OF PERTUSSIS BY REVULSIVES.

It was Autenrieth who first distinctly pointed out the great advantages which may be obtained in the treatment of numerous cases of whooping cough, from the use of epispastics. Of these he gave the decided preference to the strong tartar emetic ointment rubbed on the epigastric region, until a very considerable irritation, and even a painful ulceration are fairly established. M. Corsin employed this practice extensively in an epidemic of the disease, which prevailed in Petersburg several years ago, and he derived, he tells us, most decided benefit from its adoption. He was led however to modify the formula for this ointment recommended by Autenrieth, and to continue some anodyne with the tartar emetic. Subsequently he has preferred the use of a plaster, which he has found still more effectual than any other application. This plaster is composed of two parts of plaster of hemlock, one of Burgundy pitch plaster, and one of diachylon, to be spread on leather, the surface of the plaster to be then sprinkled with 6, 8, 10, or 12 grains of the antimonial tartrate. It may be applied either to the epigastrium, or between the shoulders. Usually in the course of one or two days, it induces considerable irritation; the skin is first reddened, and then a free eruption of pustules is brought out. The patient must continue to wear the plaster, until either the cutaneous irritation is so troublesome that he cannot bear it any longer, or until a decided relief to the whooping cough is obtained.

CASE I.—A boy, 8 years of age, of a scrofulous constitution, was suffering from a severe attack of inflammatory pertussis, when Dr. C. was called to his assistance. A vigorous antiphlogistic treatment was immediately adopted; and when the active symptoms were once subdued, a plaster made of the ingredients mentioned above (two drachms of empl. conii, and one drachm of Burgundy pitch, and the same quantity of diachylon), and sprinkled with eight grains of tartar emetic, was applied between the shoulders. In 24 hours, it had occasioned a most troublesome itching of the part, which was inflamed, and covered with numerous vesicles; in other 12 hours, it required to be taken off, and the surface was dressed with simple cerate. The distress of the breathing was greatly relieved; the paroxysms of cough were already less frequent and severe, and the child was in every respect much better. On the following fifth day, the plaster was re-applied to the same part; the cutaneous irritation induced was speedily even more considerable than it had been before. Fortunately the relief afforded was proportionally great; for, from this date, a most decided amendment was conspicuous, and in the course of a few weeks, the child was free of every symptom of his troublesome disease. It deserves to be noticed that the internal use of the belladonna had been suspended after the application of the plaster, and that the only medicines exhibited were mild demulcents.

CASE II.—The age of this patient was four years. During the preceding summer she had been affected with an obstinate porriginous eruption on the scalp ; and, as this had disappeared, whooping cough set in and had affected her general health greatly, not only by the frequently repeated and severe paroxysms of coughing, but also by an almost constant irritability of the stomach, so that all food was rejected, as soon as swallowed.

A plaster of hemlock and Burgundy pitch, sprinkled with five grains of the antimonial tartrate, when applied between the shoulders, and a mixture composed of a mild bitter infusion, with the addition of syrup of poppies and of cinchona powder, was ordered to be given in repeated doses during the day. In 24 hours, the plaster was removed, for it had already induced a copious eruption of pustules. The sickness had quite ceased ; and the cough was greatly mitigated. No second application was necessary ; and this girl, in the course of a week or two, was pronounced to be well.

Several other cases, all of which evince most satisfactorily the admirably curative effects of the plaster we have described, are detailed by Dr. Corsin. He is inclined to explain the *modus operandi* of this external treatment, on the principle that there is in most cases of whooping cough, a tendency to the occurrence of some cutaneous eruption, whether this tendency be of spontaneous development, or whether it is the result of the retrocession of a pre-existent exanthem. It has indeed been often remarked that the severity of pertussis is frequently much mitigated on the supervention of impetigo, or porrigo.—*Lancette Française.*

# PROTRACTED ADHESION OF A PORTION OF THE PLACENTA, WITH FINAL SLOUGHING AND SEPARATION.

BY JOHN A. SWETT, M.D. NEW YORK.

PRIOR to his departure for Europe, Dr. Swett placed in my hands a Case Book containing a collection of observations made by him in his dispensary practice. From this I have selected the following case. It is a singular one in showing, in the first place, the length of time that may elapse between the birth of a child and the total separation of the placenta ; in the second, the symptoms that such a preternatural adhesion may occasion ; and finally, the changes that the placenta may undergo, or at least a part of it, previous to its separation.

While the case was in progress, it was not, for some time, thoroughly understood. Several physicians examined it with the Doctor, and the general impression, I think, was, that the diseased appearance was the consequence of some change of structure in the cervix uteri itself. The feeling produced by the dry slough was peculiar, and might be compared to that from a piece of dried sponge.

*New York, Sept. 29th, 1835.*

JOHN WATSON, M.D.

Mrs. Duffie, a healthy looking Irish woman, aged 25, was visited on the 28th of May, 1834. About six months before this time, she had,

after a labor of twelve hours, given birth to her first child. She was attended, as she states, by an ignorant person, by whom the soft parts were very much injured, and she has been ailing ever since. Her symptoms when first seen, and for some time previous, were the following :

Pain and tenderness in the loins, extending along the sacrum and around the hips. This she calls an aching tired feeling. It is not so severe in the morning, especially before rising, as towards night,—but the difference is not considerable. Dysuria to a great extent ; tenderness, pain, and a sensation of weight about the fundament ; tenderness across the abdomen, most perceptible in the epigastrium.

On examination, *per vaginam*, the parts about the fossa navicularis were found thickened and hard,—contracting the external orifice ; the pelvis was capacious ; the uterus had prolapsed, with its neck inclining towards the sacrum, and the fundus resting against the bladder.

Within a few days, although still nursing her infant, the patient had menstruated. The discharge was darker than natural, and was followed by a leucorrhœa, which is still upon her, and is attended with an offensive smell. Her general health is somewhat reduced ; she is pale and feeble ; appetite impaired. She is inclined to nausea, with flatulence, and sense of oppression ; bowels constipated ; pulse small and feeble, no febrile excitement.

She was directed *Ol. Ricini*, 1 ℥. as a laxative ; to restrict herself to farinaceous food ; and to use a saturnine lotion.

June 2d.—The leucorrhœal discharge had changed its color and smell, becoming sanious and putrid. The os tincæ no longer to be felt, in consequence of a dry spongy mass of no great sensibility occupying the cervix uteri. This mass, through the speculum vaginæ, appeared black, and attached to the womb. The vagina as far as noticed, was healthy. The patient had now some fever, with occasional attacks of faintness, but her strength and spirits were not much further reduced.

June 7th.—The slough was found to be confined to the anterior margin of the os tincæ and cervix uteri ; the mouth of the uterus apparently elongated but closed. In the course of the vagina were several small yellow elevated spots, some of which were ulcerated. The patient complained of a throbbing about the coccyx. She was directed to use a lotion of chloride of soda, with laxative medicine and farinaceous diet. For two days previous to this, she had used an injection of diluted nitric acid—using at the same time the acid internally.

July 23d.—General health improved—the slough not occupying more of the healthy surface than formerly, but larger, and more projecting. Saw the patient with Doctor F. U. Johnston—concluded to do nothing further than to keep the patient on simple regimen, and to watch the natural progress of the case.

August 18th.—Patient able to take exercise, and has ventured to Staten Island. For three weeks no discharge from vagina ; but there is still occasional throbbing about the coccyx.

August 30th.—In making an examination, found the slough entirely separated. It was easily removed by the finger. It had probably lain detached in the vagina for some time, but prevented from being discharged by the contraction of the orifice. The slough was black, dry

and tough. The lips of the os tincæ now appeared natural, and without tenderness—the uterus still prolapsed with the neck pressing towards the rectum. The patient of late had been over-working herself, and suffered from gastric irritation, with some febrile excitement. For the purpose of regaining her health she went for a short time to the country. During the severe period of her illness, and up to the early part of July, she had menstruated regularly, but she had an abortion on the 7th of October.

*United States Medical and Surgical Journal.*

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#### SURGICAL CASES AT THE UNIVERSITY OF Breslau.

PROF. BENEDICT, of the above University, has published in *Rust's Magazine* a review of the surgical clinique for the years 1828 to 1833 inclusive. The facts connected with the medical and surgical practice in large hospitals are always valuable, and we avail ourselves of every means within our reach of presenting such to our readers. We have room this week only for the reports on lithotomy and cancer.

*Lithotomy.*—This operation was performed during the six years, thirteen times; once on a girl of twelve years, the rest on males, the oldest of whom had reached the age of fifty-three. All these patients were cured, with the exception of four, none of whom died immediately after the operation. Thus one of these four, a boy sixteen years of age, had been dismissed cured from the establishment, but died eleven weeks after of typhous fever. The second died fourteen days after the operation, when the left kidney was found in a state of suppuration, and the right one engorged. In the third case, death on the 11th day, evidenced suppuration of the left kidney, extending down to the pelvis. The fourth case was fatal on the fourth day from peritonitis. In reference to lithotomy, Professor Benedict relates a very curious case, which, on account of its termination, is worthy of record. The patient, fifty-three years of age, who had long suffered from symptoms of stone, was received into the hospital in 1816, but left it without an operation having been performed. After a lapse of twelve years the patient presented himself again, but during this time the calculus had acquired such a magnitude, that whenever the sound was passed between it and the bladder, it became locked. It was thought scarcely possible to remove the stone by an operation; however, this was undertaken, and the incision being prolonged considerably towards the rectum (which was not injured), the calculus was extracted after its outer shell had given way under the forceps. The stone weighed seven and a half ounces, without counting several fragments that were lost. On the fifth day the patient was seized with low typhous fever, without any signs of inflammation of the urinary or abdominal organs. The usual stimulants seemed of no avail, when the author accidentally learned that his patient was a confirmed brandy drinker. All other means were at once laid aside, and the patient given a *tablespoonful of brandy* every two hours. This treatment was followed by such happy results, that in four days the quantity of brandy could be diminished, and the patient was content with a glass at breakfast. The patient was discharged cured after some months.

**Cancer.**—The operation for cancer (not including cancer of the lip) was performed thirty-seven times. However, with the exception of one or two cases treated by arsenic and apparently cured, a *radical cure* was not obtained in a single case.

Extirpation of the breast was performed three times, and under circumstances apparently very favorable ; in all the disease recurred again. Of ninety-eight amputations of the breast, which the author has performed since he undertook the charge of the clinique, two ended fatally from exhaustion during the healing of the wound ; and in all the rest, with the exception of thirteen, the disease returned after the wound was healed, and terminated in death. With regard to the remaining thirteen, the author observes he is morally convinced that, in several cases, an error of diagnosis was committed, and breasts were removed that were merely affected with scrofulous tumors, sarcoma, or some other innocent change of structure.

The above results are worthy of serious attention, and serve, unfortunately, to confirm the opinion advanced by many surgeons, that in most cases cancer is a constitutional, not a local disease. After an investigation of a great number of morbid specimens of this disease, the author proposes to divide scirrhus into three kinds ; viz., the lardaceous, the hydatiform, and the knotty scirrhus. Passing by the two former as sufficiently known, the author gives some remarks on the latter that are not without interest. This is a rare affection, and, on account of its march, is frequently confounded with a malignant and fatal form of scrofula. The patients are generally affected with small knots in one or both breasts, which do not coalesce during the progress of the disease. After these, appear the ordinary tumors in the axillæ, and at the same time we perceive ranges of small knots along both sides of the neck, tumors in the inguinal region, on the shoulders, and in several other parts of the body. Each of the knots now mentioned remains isolated, but approaches the skin, and finally becomes attached to it. The integument here assumes a hard, cartilaginous feel, is covered with varicose veins, and turns into a single small cancerous tumor. The patients now generally suffer under pectoral symptoms, with abdominal derangement, and in all the cases which occurred to the author, death took place in less than six months.

**Cancer of the lip** was removed in fifty-one cases, all successfully except one, where the patient was in a state of great weakness at the time of the operation. The author, however, regards it merely as a *palliative* operation, as it invariably returns in some other part of the body, or in the cicatrix itself. There are indeed a few cases in which the tumor did not re-appear, but here it was evidently a local disease, produced by some external cause, and not perfectly identical with the cancerous disease. As far as the author's observations extend, this false cancer is generally situated in the red surface of the edge of the lip, and does not pass beyond it, is more flaccid, and is chronic in its march ; the sympathetic swellings in the neck are wanting. According to the opinions of modern surgeons, we may hope for a successful result whenever there are no tumefied glands under the jaw or in the neck ; but from the author's experience, the absence of these signs does not justify a favorable prognosis. Either small soft tumors of the glands already exist, as may



be discovered by a minute and careful examination of the parts in the neighborhood ; or the lymphatic system is implicated, without any actual enlargement of the glands, which does not take place until some time after the healing of the wound.

# CASE OF ANOMALOUS MALIGNANT TUMOR PROVING RAPIDLY FATAL.

BY JOSEPH COMSTOCK, M.D. LEBANON, CT.

[Communicated for the Boston Medical and Surgical Journal.]

MR. J. F. M. was a tall, large man, of noble physiognomy, denoting the possession of a firm and talented mind, which he eminently possessed. Few patients that the writer ever lost, were so much missed from the friendly and social circle as Mr. M. He was intelligent, companionable, hospitable, wealthy ; had been a member of the State legislature, and much in public business—an excellent citizen and an excellent friend. The present writer had been his family physician for the last 16 or 17 years. Anterior to this period, I had from Mr. M. the following account, which for its singularity, it may not be irrelevant to notice.

He told me that he had a swelling under his tongue, in which it would appear suppuration had taken place, although I do not recollect his mentioning any discharge of matter. However this might be, he one day thought that he felt something hard projecting from this sublingual swelling. He took hold of it, and drew out a bone, I should think, by the account he gave me, about an inch and half in length, round, smooth, and about the size of a crow-quill. It was no exfoliation, nor was it externally introduced, but had formed in the part. His attending physician at that time, has since removed from the State, and carried this bone with him as a curiosity.

Before proceeding to give an account of the tumor which proved fatal, it may be proper to notice a few other preliminary circumstances. In January and February, 1827, Mr. M. had hemicrania, which was not purely a nervous\* affection, as is I believe most common, but was highly inflammatory, and required *seven* bleedings to subdue the intensity of the pain ; and its inflammatory nature seems not to have been entirely overcome, for suppuration followed, ending in ozena, from, as the writer supposed, the left maxillary sinus.

Of all these affections, Mr. M. had entirely recovered. But he had a constitutional tendency, both before and since, to a flow of blood to the head, which required several bleedings and frequent cathartics, every year. If he was not often bled, he was troubled with headache, though never with hemicrania except in the instance already noticed. The writer visited and bled him in the month of March preceding his last illness. His general health was, however, good, and his spirits fine.

For a tumor, about the middle of the left lower jaw-bone, but not adherent thereto, I was called on Wednesday, April 29th. He was not

\* The last case of hemicrania which the writer had, was in a young widow. It had been of long standing, but was speedily cured by a lotion of the *cyaneus potassium*. This was purely a nervous affection.

at home when I came in, but soon arrived. No pain nor constitutional symptoms being felt, he did not confine himself to the house. He had met with no blow or other accident. It was something larger than a half hen's egg, and somewhat of the shape. No soreness was felt on pressure; there was no hardness, nor no discoloration. It rapidly increased in size, spreading to the neck and throat, and on the succeeding Sunday had the appearance of a commencing suppuration, but still without pain or soreness. On that day, and the next, it was so much enlarged, that it caused some impediment to deglutition and speech; and on Monday, the integuments had rather a dingy appearance on the left side of the neck, which was the first change of color noticed.

Tuesday, the 7th day of its being first seen, the external signs of suppuration were less than on Sunday, and the parts internally were so much swollen, that no distinct view could be obtained of the fauces or parotids. To this time the patient had suffered little or nothing, not even in apprehension; his spirits were good, and he detained me in cheerful and very amusing conversation, as long as I could possibly stay. I had, however, communicated my serious apprehensions of the case to the consulting physician, Dr. Peabody, of Norwich, a man of skill and science, and nephew of Mr. M. My patient, at this visit, even suggested to me to write to Dr. P. that it would not be necessary for him to visit him next day, as he had appointed. But this, without giving a denial, I did not think proper to do.

On Wednesday, how changed the scene! Upon my morning visit, I found that the tumor had opened internally into the throat, evidently by mortification, of which the external parts also showed strong signs. Discharge internally small, but extremely fetid. Patient partially delirious; his sense of smell was totally annihilated. This day was his only day of suffering, and it was great; still no pain, but jactitation, impeded deglutition, and some difficulty of respiration. Has now a sense of his danger. The tumor, instead of subsiding by what it discharged, rapidly increased, and now reached the other side of the neck and jaw, with a dingy erysipelatous hue. Blisters, applied to his ankles, on account of the delirium, produced no soreness nor effect. In the course of the day the tumor opened externally on the side where it began, but not in the place; the opening being higher up. This opening was by a small mortified fissure, 1-2 an inch or more in length; the discharge was small, but terribly offensive. The edges of this fissure were thick, and rather hard. From the smallness of the discharge, compared with the size of the tumor, it appeared that the latter was cellular; but it was not of the honey-comb form, which we have seen in anthrax. In the afternoon the abdomen became cold, although the pulse was good. At about 1 o'clock, that night, he died.

This was a case in which the absorbents became paralyzed, or lost their power, whilst the exhalants threw out a morbid matter, or which speedily became morbid. I had never seen but one case in a long practice with which I could assimilate this, and that I saw but once, in consultation. It was in a different part of the body, but came on suddenly, and was without pain, soreness, or discoloration, like the present. It was on the side of the abdomen, just above the os innominatum, in a

student of medicine, and greatly alarmed the young doctor, but was very speedily cured by blistering its surface, and applying calomel in powder to the quantity of 3ij. per day. I at first proposed the same treatment to Mr. M. He consented to the blister, but had an aversion to calomel in any way.

The tumor of Mr. M. excited in me serious apprehensions from the first, and I had an opinion that nothing would be so likely to save him as a salivation. A solution of six grains of corros. sub. in a pint of decoction of Spanish sarsaparilla, was assiduously administered in doses of a whole or half a wineglass, but it failed of making any impression on the mouth. The torpid absorbents which failed of taking up, from the tumor, what the exhalants so rapidly deposited, also failed in carrying mercurials to the salivary glands.

When symptoms of mortification ensued, a decoction of bark, to which sulphate of quinine was added, was very liberally administered. Also laudanum, and the *baptisea*, internally, and externally in poultice.

Mr. M. had always been a good liver, but had latterly acceded to entire abstinence from ardent spirits. His age was 74, but he retained the vigor of a man of 50. As a castle, undermined, may fall without being broken, so fell Mr. M.

*Lebanon, Conn. October, 1835.*

## BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 11, 1835.

### DR. BELL'S PRIZE ESSAY.

WITHIN a few days we have been put in possession of the manuscript of Dr. Luther V. Bell, Derry, N. H. which gained the prize of a Boylston medal, at the same time that Dr. Parsons, of Providence, R. I. received one for the essay on Cancer, published recently in this Journal. Dr. Bell's dissertation was upon the question—"What diet can be selected which will ensure the greatest probable health and strength to the laborer in the climate of New England? Quantity and quality, and the time and manner of taking it, to be considered."

The author first treats of the importance of the subject proposed by the Committee, and shows its bearing on mental and moral philosophy, political economy and medicine. Considerations on the natural food of man, together with his remarks on the crusade raised against the use of animal food, within a few years, by alimentary radicals, give a character to the whole article, highly creditable to Dr. Bell. Its entire and speedy publication may be looked for in our pages.

### MEASLES.

THERE has been an unusual number of cases of this disease, of late, in this city. Although commonly regarded in the light of a very simple and easily managed complaint, the bills of mortality exhibit a degree of fatality

which could hardly have been anticipated. We are at a loss whether the measles is actually epidemical or not. Certain it is, that at times there is a peculiar condition of atmosphere favorable to its development.

Thus far, the autumnal weather, this season, has been almost unparalleled : a serene sky and a genial sun have modified the temperature of the air, and produced the mild influences of summer. But would this be sufficient either to generate or increase the malady ? The catarrhal affection accompanying, and in fact now characterizing in a particular manner the measles, in this vicinity, constitutes its worst feature, and accounts, in some degree, for the unsuccessful efforts of the physician in subduing its unhappy progress, when once introduced into families where there are many small children.

From the circumstance that most mothers feel competent to prescribe for the class of patients who are ordinarily the subjects of measles, vast injury is done in the very beginning, by deranging the system, and rendering it, at least, vexatious for the physician, who is sometimes never called till it is altogether too late to prescribe with any hope of success.

It is worth remembering that those who have uniformly succeeded best in their therapeutic course, have given the least medicine. Mild cathartics, preceded by an active emetic, invariably indicated by an irritable stomach, are all that is demanded at the onset. If the cough becomes troublesome, nothing is easier than to meet it with demulcents. The simpler the treatment, the better. When a great variety of aperients have been administered, the pyretic action is sensibly increased ; and in laboring to subdue one order of symptoms, another gains the ascendancy, and death results from causes wholly unsuspected. Measles belongs to the catalogue of self-limited ills : it can neither be hurried onward to a crisis, or sensibly diminished in force.

There is one grand mistake which young practitioners are exceedingly prone to make, in relation to the diseases of childhood. This is a fault, however, quite readily overcome, having its origin in a strong desire to be efficient and prompt in affording relief to those who have placed confidence in their professional attainments. It were almost unnecessary to advert to the mistake of changing the prescriptions too often—in a word, overdosing. “Slow and sure,” is a caution that may be treasured up with advantage by them.

Before leaving the subject, however, we cannot refrain from expressing an opinion that one-third of the deaths reported to have been caused by measles, in the course of a few past weeks, were but remotely connected with that affection. In repeated instances, where death has resulted from inflammation of the mucous membrane, and the lungs were extensively diseased, common report has promulgated the story that measles was the immediate cause of death, when in fact it had no influence in the destruction of life. After an examination of the subject, we are fully persuaded, in the first place, that *enanthesis rubeola* does not prevail so extensively as some have been led to suspect. Secondly, in those families where it has been proclaimed to have been alarmingly fatal, there was unquestionably a defect in the mode of nursing throughout: The commencement was marked by injudiciousness on the part of parents, who sought assistance when it could be of little avail.

SOUNDS OF THE HEART.

At a late meeting of the medical section of the British Association, in Dublin, a report was read by a committee previously appointed to investigate the motions and sounds of the heart. Their experiments were performed principally on young calves, in which animals the heart is sufficiently large to admit of the actions and sounds being accurately observed, while their early age is favorable to the prolongation of the experiment. After having inserted a tube, connected with a pair of bellows, in the trachea, the sensibility of the animals was destroyed by a blow on the forehead, when artificial respiration was commenced, by means of which the pulsations of the heart were continued from one to two hours. When sensibility was suspended by prussic acid, the heart's motion was destroyed in a few minutes. We wish our limits would allow of the insertion of the interesting and animated debate to which the report gave rise. Many of the members present opposed certain of the conclusions arrived at by the committee, and advanced the results of their own observations as substitutes. These, however, as well as the experiments, we must entirely omit, and present in the following extract merely the conclusion of the report :—

“From the experiments on the sounds of the heart, it appears to follow :—1. That the sounds are not produced by the contact of the ventricles with the sternum or ribs, but are caused by motions within the heart and its vessels. 2. That the sternum and front of the thorax, by their contact with the ventricles, increase the audibility of the sounds. 3. That the first sound is connected with the ventricular systole, and coincides with it in duration. 4. That the cause of the first sound is one which begins and ends with the ventricular systole, and is in constant operation during the continuance of that systole. 5. That it does not depend on the closing of the auriculo-ventricular valves at the commencement of the systole, because such movement of the valves takes place only at the commencement of the systole, and is of much shorter duration than the systole. 6. That it is not produced by the friction of the internal surfaces of the ventricles against each other, as such friction cannot exist until the blood has been expelled from the ventricles, whereas the first sound commences with the beginning of the ventricular systole. 7. That it is produced either by the rapid passage of the blood over the irregular internal surfaces of the ventricles on its way towards the mouths of the arteries, or by the *bruit musculaire* of the ventricles, or probably by both these causes. 8. That the second sound coincides with the termination of the ventricular systole, and requires for its production the integrity of the semi-lunar valves of the aorta and pulmonary artery, and seems to be caused by the sudden check given by the action of these valves to the motion of the columns of blood driven towards the heart after each ventricular systole by the elasticity of the arterial trunks.”

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*The Sphygmometer.*—Some notice was given in the Journal, a few months since, of this newly-invented instrument, which is designed to render the action of the arteries apparent to the eye. Dr. Johnson describes it, in the Medico-Chirurgical Review, as “a complicated apparatus to be fixed on the arm, or on the chest, to indicate the action of the heart and arteries—an action that will vary from Alpha to Omega, while the apparatus is being applied, and which, after all, will not convey one-

hundredth part the information to the *experienced* practitioner, which the finger will indicate. To the inexperienced, it will only prove an *ignis fatuus*, and lead him into 'sloughs and ditches.' "

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*Singular Inquest.*—An inquest was lately held in Ireland on an infant whose head was opened to save the life of the mother, after she had been two or three days in labor. It appears that some jealous professional neighbor instigated the inquest, but the unworthy object was not attained, as the jury brought in a verdict highly gratifying and honorable to Mr. Hayden, the surgeon in attendance. They considered, first, that the child was probably dead before the operation was performed; and, second, that, had it been otherwise, the mother's life absolutely depended on the operation.

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*Suicide by the Adder.*—An instance of suicide in an adder by the bite of his own body, is related by Dr. Thomas, of Bristol, England. The animal was confined loosely in the folds of a thin lawn handkerchief, and after several energetic but ineffectual attempts to escape, deliberately inflicted a bite which quickly caused its death.

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*Eye and Ear Infirmary.*—Very recently there was a meeting of the Board of Directors of this noble charity. We have not been fortunate in procuring the annual report, but understand it to have been highly satisfactory. In the nature of things, the business must be continually increasing. Every medical student in Boston should be a regular attendant on the surgical cases presented to the surgeons. Nowhere else can such a vast amount of information be acquired in relation to the diseases of the eye.

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*Health of Hop-growers.*—Those who have been habitually engaged in hop-growing, have been so uniformly in good health, as to have attracted the attention of medical philosophers. In the barning district, so called, in England, in which from three to four thousand people are exclusively employed in the various preparation of hops, there has not been but one death for a long period. Formerly the business was deemed unhealthy, and Mr. Ellis, a very humane gentleman, engaged, at his own personal expense, the services of a physician to be constantly in attendance at East Farley, another famous hop-raising place. So far as observation has been made in the United States, an equal share of good health has been meted out to all grades of hop-growers.

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*Dr. Brewer's Pessary.*—After repeated trials, the value of this simple instrument has become well established. The sales have entirely exceeded the inventor's expectations, and many have been disappointed in procuring it. The mechanic who entered into a contract to complete a certain number every week, having failed to fulfil his engagement, not a single pessary has been on sale for more than a month. If Dr. Brewer cannot supply a sufficient number to meet the regular demand, owing to the sluggish movements of a do-nothing silversmith, it would be commendable to turn him adrift, and give his custom to more active agents. As

these pessaries are altogether superior to any before known, it is lamentable that they cannot be had at any price.—Will the doctor allow anybody else to manufacture them ?

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*Sir William Blizard.*—A week or two since mention was made of the death of this venerable surgeon. He was the connecting link between the old and present system of surgery—being ninety-eight years old. His father was one of the old fashioned barber-surgeons, with whom the son served out an equally old fashioned apprenticeship, and then commenced his career of professional life with the high sounding title of *barber-chirurgion*, of the Royal College of Chirurgions. Sir William was undoubtedly, in early life, an excellent operator. At all events, his reputation was such that in all the changes arising from intestine quarrels between governors, treasurer and medical officers, during sixty years, he never lost his connection with St. Bartholomew's hospital.

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*Successful Excision in Hydrophobia.*—A case is related by Drs. Tomkin and Varenne, of Essex, Eng. in which excision of the bitten parts, sixteen days after the bite of a rabid dog, and eight after the symptoms of hydrophobia had fairly set in, was followed by a permanent cure. Previous to excision, the liquor arsenicalis had been used, as well as unguentum veratriæ to the arm and throat—the little finger being the part bitten. Prof. Rust relates a case where the wound was excised thirty-one days after the bite, and after hydrophobic symptoms had appeared, and the patient's life saved.

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*Cholera.*—From the old city of Nice, we hear that the cholera has wholly disappeared. The cordon sanitaire, by which the public authorities hoped to fence the destroyer from the regions of the king of Sardinia, was finally removed on the 25th of September. As this pestilence travels with uncommon speed, we may soon anticipate its appearance at some new and unexpected point of attack.

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*As it should be.*—A class exceeding one hundred, we understand, has been matriculated at the Massachusetts Medical College, since last week: Things are going on spiritedly, and the term promises to be one of high value to the students.

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*Woodstock Medical Institution.*—An act incorporating the Woodstock Medical Institution has passed our Legislature ; so that the objections heretofore attempted to be made against the validity of its degrees, will probably be no longer urged. It is incorporated with power of conferring degrees, and all other powers incident to similar institutions.

We understand, however, that the connection with Middlebury College is to be continued, and the Faculty of Institution the same as last year. Lectures will commence on the 10th of March and continue 13 weeks.

*Vermont Republican and Courier.*

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“Notes of Cases of Fracture at the Mass. General Hospital,” were received too late for the present number.

**NOTICE.**—The following gentlemen are authorized to receive money due for the Medical Journal. Subscribers who are indebted for past years—of whom there is a much larger number than we could wish—as well as those who have not paid in advance for the present year, are requested to forward the amount due to one of these agents or to the publisher. Luke Howe, Esq. P. M. Jaffrey, N. H.; Israel Hinckley, Esq. P. M. Topsham, Vt.; Mr. Joseph Balch, Jr. Providence, R. I.; Charles Hooker, M.D. New Haven, Ct.; T. O. H. Croswel, Esq. P. M. Catskill, N. Y.; Samuel Freeman, Esq. P. M. Williamstown, N. Y.; W. A. Gillespie, M.D. Ellisville, Louisa Co. Va.; Mr. L. Dwelle, Augusta, Geo.; W. G. Dickinson, M.D. Franklin, Tenn.; J. R. Bowers, Esq. P. M. York, Washtenaw Co. Mich.; Hedge & Lyman, Montreal, L. C.

**DIED.**—In the ancient city of Jerusalem, of a brain fever, on the 28th of January last, Dr. Asa Dodge, belonging to the missionary service. He was a native of New Castle, Me.—and sailed from Boston Oct. 30th, 1832. Dr. Dodge was an estimable man, well qualified for the profession of medicine—his loss will be deeply lamented. He was a pupil of the late Dr. John D. Wells, of Boston, and received his doctorate at Bowdoin College.

Whole number of deaths in Boston for the week ending Nov. 7, 61. Males, 24—Females, 37.

Of measles, 24—mortification, 1—croup, 2—typhous fever, 4—lung fever, 4—teething, 1—scarlet fever, 2—debility, 1—bowel complaint, 1—diarrhoea, 1—inflammation of the lungs, 1—consumption, 7—dropsy on the brain, 1—canker in the bowels, 1—fit, 1—dysentery, 1—liver complaint, 1—infantile, 1—dropsy, 1—inflammation, 1—hooping cough, 1—accidental, 1—throat distemper, 1—bilious fever, 1.

## ADVERTISEMENTS.

### WASHINGTON MEDICAL COLLEGE OF BALTIMORE.

The Annual course of Lectures in this Institution will commence on the last Monday of October.

JAMES H. MILLER, M.D. Professor of Anatomy, Physiology and Pathology.

SAMUEL K. JENNINGS, MD. Prof. Materia Medica, Therapeutics, Hygiene, and Medical Jurisprudence

WILLIAM W. HANDY, MD. Professor Obstetrics and the Diseases of Women and Children.

JOHN C. S. MUNKUR, MD. Professor Theory and Practice of Medicine.

JOHN P. METTAUER, MD. Professor Surgery and Surgical Anatomy.

EDWARD FOREMAN, MD. Lecturer on Chemistry, &c.

WASHINGTON R. HANDY, M.D. Demonstrator of Anatomy. This department will be open from the 1st of October. Sept 16—31

### MEDICAL INSTRUCTION.

The subscribers have associated for the purpose of giving Medical Instruction on the following terms:—

Convenient Rooms well furnished, with access to a good Medical Library, and the necessary facilities for demonstrative Anatomy and Surgical operations.

The privilege of attending at the almshouse and a private hospital, now in successful operation, together with the important cases, both in physis and surgery, which occur in a pretty extensive private practice. Terms—\$50 a year.

NORTHAMPTON, Mass.

Instruction in modern Dentistry will be given for a small additional compensation.

May 13.

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### VACCINE VIRUS.

PHYSICIANS in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—inclusing one dollar. Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless some other mode of conveyance is directed. Ten charged quills, an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely packed in a letter. The gentleman who has undertaken to keep the virus, will faithfully supply that which is positively genuine and recently taken. It will also be furnished on application at the Medical Journal office.

### AN EXCELLENT CHANCE FOR A PHYSICIAN.

A PHYSICIAN in one of the western counties of New Hampshire offers to sell his stand, situated in a pleasant and flourishing village, and no other physician within five miles. For further particulars, inquire of the Editor of this Journal, or of Dr. Richards, of Claremont, N. H. Oct 7

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. J. V. C. SMITH, M.D. Editor. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy, *gratis*.—Postage the same as for a newspaper.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XIII.]

WEDNESDAY, NOVEMBER 18, 1835.

[NO. 15.]

## BOYLSTON PRIZE DISSERTATION FOR 1835.

BY LUTHER V. BELL, M.D. DERRY, N. H.

[Communicated for the Boston Medical and Surgical Journal.]

*"What diet can be selected which will ensure the greatest probable health and strength to the laborer in the climate of New England? quantity and quality, and the time and manner of taking it, to be considered."*

THE subject of diet offers a wide scope for observation, experiment and speculation, as affecting our species in several important points. It concerns us :

1. As to our intellectual and moral existence.

The view of the relations between body and mind, their varied connections with, and reactions upon each other, presents a field of research extended and promising the richest and most interesting results to the philosophical inquirer ; a field as yet little explored, but which it does not comport with the design of our present treatise to enter, or glance upon, except as incidentally illustrating our immediate purpose. Suffice it to observe, that, as it is now the perhaps generally received opinion, that the intellectual and moral faculties, if they do not exist in, are at least dependent upon material organs, an agent possessing such decided influence upon the bodily system, as the food cannot be denied to have, must produce no less marked indirect consequences upon the mental powers.

2. In its influence upon man in his civil and political relations.

The writers on political economy, and especially that branch of it involving the consideration of population, its increase and support, the capacity for productive labor, and in short, the entire view of man as a *laboring animal*, claim this as a topic of the highest interest and moment in their important investigations.

3. The connection between man's food and drink, and his bodily soundness, or the influence of diet in health and disease, known as the science of dietetics, is the province of the medical philosopher. It is one small portion of this copious topic, which we propose making an humble effort to elucidate ;—expecting neither to astonish by dazzling hypotheses, nor to attract ephemeral attention or notoriety by the invention of novel plans of life, or by the resuscitation of the ancient schemes of Pythagorean or Utopian dreamers from their long sleep of death.

There is, it is conceived, a peculiar propriety in a treatise on diet which shall be applicable to the working classes of our community. Writers heretofore, in their researches on this subject, have had in view

principally the wants and situation of the literary and sedentary, the rich and the luxurious, and this for obvious reasons ; the laboring man is little liable to suffer from errors of diet directly or even remotely. In the "march of intellect," the progress of which brings forward some fact and much fancy, the news may have reached even his ear, that he, in common with the more learned of his species, is guilty of errors, radical errors in his mode of life, which he had not even suspected ; that he has wandered widely from the natural laws of his physical system ; that he ought to make an entire alteration in his food to escape disease and secure long life ! Now to disabuse his mind of such chimeras, if such they are ; to give him some rational and intelligible views of what he errs in, and of what he is safe in pursuing, is a labor which is certainly not to be deemed unnecessary or superfluous. In attempting this, our aim is *utility*, practical, common-place, every-day utility ; to search out from sources of tried value, and re-convey in plain language, such practical, applicable information, as will enable even "the laborer in the climate of New England" to rise from the perusal of our essay, with at least some views which may make him a healthier, abler, and consequently a happier man.

"Contenta doceri, res ipsa ornari negat."

Our treatise will designedly be kept as close to the immediate question propounded, as possible, for two reasons ;—first, because any attempt to digress into the broad subject of dietetics in general, or the influence of food in disease, would necessarily require a research and examination the results of which would fill volumes, rather than the accustomed limits of a dissertation ;—secondly, that it is alone consistent with the expectation of producing a popular essay (for that seems to be the character which the language of the question designs), that it should be limited to reasonable dimensions as to quantity of matter, and free from professional or technical views as far as possible. Hence condensation will be attempted on a subject which, more than most others, tends to run into extended and discursive detail.

Such is the direct and obvious connection between health and aliment, that from the earliest history of man, his attention must have been compelled to this point of hygiene, or preservation of health. In the earliest of our books, the scriptural writings, we find ample proofs of this fact. An almost complete code of dietetics is laid down in that portion of the Pentateuch, which gives us the account of the journeying from Egypt of the chosen people ;—a code enforced by the immediate command of the Deity, particularly explicit and peremptory, still neither capricious or unnecessary, but founded on the nature of circumstances, and evidently adapted with wonderful sagacity and wisdom to the climate and to the habits of the Israelites.

The reader fond of this theological investigation may refer to a multitude of striking illustrations in the several books of Exodus, Leviticus, and Deuteronomy,\* of the hygienic regulations of this people on their emigration to the land of Canaan. It would seem that their great sim-

\* Moyse a donné les preuves les moins équivoque, de ses connaissances profondes en médecine dans la partie de ses lois qui contient des préceptes d'hygiène.

Sprengel. Hist. de la Med. T. I. p. 66.

plicity of diet in general, their strict prohibition of numerous species of aliment, as well as their great attention to cleanliness, frequent ablutions, their geometrical and extended mode of encampment to secure free ventilation, &c. alone could have preserved a host of three millions, worn and dispirited, over the arid sands of an Arabian desert, from being cut off by epidemic disease.

The first author in medicine of whom we have the writings now extant, was Hippocrates.\* His writings on medicine generally, and his treatise on diet especially, exhibit the high and almost exclusive importance which the "father of medicine" assigned to diet as a means for the prevention of disease and preservation of health and bodily vigor, as well as a curative agent.

From his age to modern times the medical writings of every age and country teem with dietetic precepts. To trace an outline of all the views, rational and absurd, of the thousands who have expressly treated on this subject, would require a volume alone. Modern philosophers, modern empirics, and modern innovators, it may well be imagined, have not allowed a topic presenting such rare opportunities, alike for profound research, for self-conceited and opinionated dogmatism, and for visionary novelties, to escape without inflicting on that patient animal, the public, more than its full burden of books.

The inquiry *what food is man designed by nature to use*, has always been considered as standing on the very threshold of the investigation into the subject of diet. It has been discussed, settled, re-argued and put to rest, a thousand times over, yet every few years sees some new disputant ready to enter the arena of controversy, or some new sect of fanatics ready to replace those who have "sunk to the tomb of all the capulets."

It is demanded of us at the present time to enter more fully into an examination of this part of the natural history of man, than we should deem it profitable or important, except from some circumstances, which have rendered it here in New England desirable that the doctrines on this subject should be placed in their true light before the public. The circumstances alluded to (and which it may not be improbable form the immediate origin of this question having been selected and propounded for discussion), are plainly these: an extraordinary and truly unparalleled change has occurred within a few years past in this portion of the United States, in a most important circumstance of the domestic habits of the people; this is, the disuse of alcoholic drinks, where once they were employed to an extent having a most essential bearing on public health, life and happiness. In the progress of this change, happily denominated the *temperance reformation*, great and valuable researches were made into the effects of stimulants upon the human constitution. Following this train, some extraordinary, and, to the unprofessional class, doubtless novel, views in regard to diet were broached and have been since pressed upon the attention, and that too by at least some men of scientific reputation, ingenious lecturers and individuals who from weight of personal

\* On doit le [Hippocrate] considérer comme l'inventeur de la Diététique, qui a une influence si importante sur la conservation de la santé et sur le traitement des maladies.—Renardin.

character, or their position before the public, possess no limited influence. They have persuaded themselves, and labored hard to proselyte to their own faith, that the use of animal food, in all its forms and varieties, is a custom, unnatural, injurious to bodily health, and even prejudicial to intellectual and moral sanity ;—a custom at once unnecessary and inexpedient. How far, or how durably, they may have impressed the public with their views, time only can show ; at present it need only be said, that such effect has at least been produced, as to raise a laudable curiosity and wish for the truth, in the minds of many, deserving to be gratified.

Their views and theories are by no means new or original. They date their origin at least as far back as the ancients, and they have been revived in every century from the time of Pythagoras to the days of the philosopher of Geneva.\* “ It is not intended to deny the right of ingenious men to propose innovations, and it is a fortunate circumstance that the public is as much too slow in coming into a practical acknowledgment of new truths, as men of erratic and visionary genius are too sanguine in promulgating and inculcating new hypotheses. It is dangerous to unsettle long-established truths, for it is difficult to limit the extent of error. The gratification of a morbid desire to be distinguished as the propagator of new principles in philosophy, or as the head of a new sect, is not the only result to be expected from such heresies. New opinions or doctrines, whether true or false, will have admirers and followers, and will lead to practical results, and the errors of one man may lead thousands into the same vortex.”

Animals have usually been considered by naturalists and physiologists, as constituting two general divisions, the food of one of which is derived from the animal, and the other from the vegetable kingdom. A third general division, less universally acknowledged as founded in nature, comprises those whose aliment is derived alike from the nutritive substances of both. These last are known as the *omnivorous* animals. This division of animals is extended still further, constituting varieties characterized by the kind of food which is *generally* used by them, or which is pointed out to them by a brute, instinctive propensity. Thus animals feeding on flesh are termed *carnivorous* ; on fish, *piscivorous* ; on insects, *insectivorous* ; on vegetables, *phytivorous* ; on seeds, *granivorous* ; on fruits, *frugivorous* ; on the grasses, herbs, &c. *graminivorous* and *herbivorous*. Change of circumstances, necessity, domestication, &c. however, effect wondrous changes in what seem the natural, instinctive manner of selecting or avoiding different kinds of food.

The two classes of *flesh*-eating and *vegetable*-eating animals, are, as might, perhaps, have naturally enough been expected, *a priori*, constituted in a manner of bodily conformation so peculiar, and so differing from each other, that the naturalist under ordinary circumstances finds no difficulty in pronouncing with certainty what the kind of aliment naturally employed is, from an examination of the bodily organs ; and *vice versâ*, the aliment being known, he can decide with as little risk of error upon certain peculiarities of bodily conformation. This is especially

true towards the extremities of that great chain of gradation by which the animal creation is connected. There however exist certain races of animals, the swine, bear, some of the monkey tribes, and, as many philosophers maintain, the human species, a deduction of whose natural propensities as to food, from their organization, or the reverse, would, to say the least, be attended with greater difficulty and hazard of error.

The points in which the two grand divisions of animals, first named, are found to differ, are mainly in the organs of assimilation ; some minor modifications are also noticed, such as the comparative vigor of internal and external construction, their temper and habits, peculiarity of the flesh as to putrefaction, &c.

Let us examine the most noticeable peculiarities of the masticatory organs of animals, as contrasted with those of man.

Carnivorous animals have the cuspidati, or canine teeth, very long and pointed, evidently designed to serve as weapons of offence and defence, in seizing, destroying, and lacerating other animals of less strength, ferocity or sagacity. In some varieties, as the cat kind, the lion, tiger, &c. these constitute formidable weapons. The molares, or grinding teeth, of the carnivori are elevated into pointed prominences, and the anterior teeth of the lower jaw shut behind or within those of the upper.

In the herbivori, these peculiar elongated teeth or tusks are wanting ; the molares have broad surfaces opposed to each other, and in many species the enamel is intermixed with the osseous structure of the tooth, so as to form sharp ridges on the grinding surface, by which it is better adapted to the minute division and trituration of fibrous substances.

In man, canine teeth are found, possessing, however, little resemblance to those in the carnivori, as they project little beyond the level of the others, and are evidently unfitted for the purposes fulfilled by the cuspidati of the carnivorous tribes. The teeth in man are analogous to those of the monkey race, having so strong a resemblance to some of those animals, in this particular, as to form the strongest of the proofs brought forward in support of his being a *frugivorous* animal ; an analogy or coincidence which we shall have occasion to demonstrate, is by no means conclusive or substantiable, as to this point. The human teeth, Mr. Lawrence\* thinks, have no resemblance to those of the carnivorous animals, except that the enamel is confined to the external surface. The cuspidati are also less developed than even in the simiæ or ape-tribe. M. Virey,† however, remarks, that the lesser molares in man have a moderate development of points or tubercles, which with his cuspidati, constitute the carnivorous portion of this part of the human structure, whilst the flattened molares form the herbivorous characteristic.

It is on this relative number of the different kinds of teeth, that M. Broussonet has made the fanciful suggestion that the herbivorous is to the carnivorous nature of man in the ratio of 12 to 8 ; an idea, the absurdity of which is sufficiently manifest.

The monkey tribe, like man, have four superior and four inferior incisors, two canine, and ten molar teeth ; a variety, however, the sapajon, has two additional molares.

\* Rees's Cyclop. Art. Man.

† Dict. des Sciences Méd. Art. Éléments.

The carnivorous animals have six incisores in each jaw, two cuspidati, and from eight to twelve molares ;—in the whole, from thirty-four to forty-two.

The order glires, or gnawing animals, as the beaver, rat, &c. have only two incisor teeth in each jaw, no canini, and from six to eight or ten molares, making a total of from sixteen to twenty-four teeth.

The ruminating animals without horns, as the camel, dromedary, &c. have two upper and six lower incisores, two to four canini, and ten to twelve molares in each jaw ; total, thirty-four to thirty-six.

The horned ruminantia have no upper incisores, eight lower incisores, no canini (except in the stag, where they are found in the upper jaw), and twelve flat molares in each jaw ; in all, thirty-two.

The solipedes, as the horse, &c. have six incisores in each jaw, two canini in the upper jaw, none in the lower jaw, and twelve molares to each.

The above instances present an obvious general correspondence between the structure of this part of the masticatory apparatus, and the kind of aliment and the mode of its prehension, appertaining to the animal.

The conformation of the muscles moving the lower jaw in the carnivori, is much more adapted to great power of action than in the other animals. The temporal and masseter muscles by which the motion of elevation is effected, are large and powerful ; a deep depression exists in the cranium, giving space for the former, and a wide and elevated zygomatic arch, under which it passes. In man these muscles, and the form and size of this arch, are similar to those of the herbivorous animals, evidently not being designed for those powerful efforts in seizing and tearing to pieces living animals and food of great tenacity, which are requisite in the flesh-eating species.

The mode of articulation of the lower jaw is another point of distinction between the two great divisions. In the carnivori it is almost or entirely of the ginglymoid or hinge-like kind, allowing only of elevation and depression, or at most a very limited extent of lateral, or of forward and backward motion. This results from a peculiarity of structure ; the condyles, or articulating extremities of the lower jaw, are broader laterally, and the glenoid cavity into which these are received very deep, having two very considerable eminences, anteriorly and posteriorly. The pterygoid muscles, the use of which is to effect a lateral movement, are very small. In the herbivorous animals, and in man, the articulation is so loose as to allow a free lateral movement, and the pterygoid muscles well developed and powerful. This movement is evidently essential to a grinding separation of the food, whilst the restricted motion of the jaw in the carnivori, and the angular, tricuspid and cutting conformation of their molares, are fitted for tearing to pieces their food, or dividing it perhaps by a scissor-like action.

After leaving the organs of mastication, the stomach and alimentary canal are the next organs of digestion which exhibit a discrepancy between the two divisions of animals. And here we see an equally decided, well marked correspondence between the extent and structure of these viscera and the food of the animal ;—the carnivori in general having their digestive apparatus much less complicated and less extended than those

subsisting on vegetable aliment. The stomach of the latter is much stronger and more muscular ; the length of intestine, compared with that of the whole body, much greater. In the carnivori, the alimentary canal varies from two to five times the length of the animal. In those living upon the blood of other animals, as the ichneumon, vampyre, bat, &c. the intestine is found only three times their length. In the lion, tiger, panther, &c. it is three times ;—in the wolf, four ;—in the dog, five ;—in the wild cat, three ;—in the domestic cat, living in part on vegetables, five. In the simiæ or ape tribe, the comparative lengths of the intestinal canal are found to be from six to eight times the length of the body, without including the inferior extremities in the admeasurement. Cuvier gives the following examples on this point.

In the gibbon (*s. longimana*) 8 ; mandril (*s. maimon*) 8.2 ; macaque (*s. cynomolgus*) 6.3 ; (*s. patas*) 6.5 ; (*s. paniscus*) 6.3 ; magot or Barbary ape (*s. inreus*) 5.4. The last named is considered by the French naturalists as *demi-carnacier*—half carnivorous.

In the vegetable eating tribes, the intestines are of much greater comparative length ;—in the sheep, 28 times ; ox, 22 ; camel and dromedary, 12 to 15 ; hare and rabbit, 12.

In the human species, the intestinal tube is ordinarily estimated by writers to be six or seven times the length of the body. In this admeasurement, it must be recollected that the lower extremities are included. If calculated as in the other animals, that is, the body and head alone being the measure, it is obvious that the comparative length will be materially affected, the ratio then being probably as 10 or 12 to 1, producing a more analogous resemblance between man and the herbivori, in this part of the structure.

In the carnivori, the large intestine, beside being comparatively short, is cylindrical in its form, whilst the herbivori have a large cœcum and a sacculated colon, besides in many species having a complex quadruplicated form of stomach. The sacculated form of colon is believed to exist in no one of the carnivorous animals.

In man the stomach is of a membranous kind, and moderate size, like that of the flesh-eaters, and contra-distinguished from that of the herbivori, which is muscular and capacious. The cœcum in man is intermediate in dimensions between the two classes, and he has a colon divided into sacciform appendages, by longitudinal and transverse bands.

The difference between these visceral organs, in the two kinds of animals, is manifestly adapted to a wise purpose. The vegetable eaters, sustained by aliment containing but a small proportion of nutritive parts, capable of separation in proportion to the bulk of material ingested, require organs which will admit of the reception of a considerable quantity of food at once, a long delay for trituration, maceration, absorption, and the other processes of elaboration and assimilation, necessary to extract the nutritive particles from the mass of woody fibre and refuse un nourishing vegetable principles.

The same principle of the adaptation of organs to the nature of the food instinctively preferred, or at least generally employed, does not stop short in a defined and distinct line between what have been known as the *flesh-eating* and *vegetable-eating* animals. It may be traced still further

in the individuals of both these classes. For example, we shall find, amongst the carnivori, the digestive apparatus of those living by sucking blood, or on softened flesh or putrefying carcasses, is much less vigorous, muscular and extended, than in those destroying their own prey, and devouring on the spot, like the feline races, "the entire animal," muscle, tendon, ligament and bone. An original difference of instinct, or propensity for different states of aliment, is also correspondent to this variation of structure. The lion, the tiger, &c. will never, except when compelled by urgent hunger, devour flesh in which decomposition has taken place; nor, on the contrary, will the ichneumon, hyena, &c. devour the recently killed animal, unless impelled by the same imperious necessity. Again: amongst those whose instinctive propensity leads them to a subsistence on vegetable food, the complexity of their organs differs according to the nature of their aliment; the grass-eating animals have a very different digestive organization, from that of the frugivori; and those instinctively selecting hard grains and seeds, are supplied with a still different and peculiar apparatus for grinding and thus fitting their unyielding aliment for assimilation.

[To be continued.]

## NOTES OF SOME CASES OF FRACTURES,

TAKEN AT A SURGICAL VISIT AT THE MASS. GENERAL HOSPITAL, IN OCTOBER.

[Communicated for the Boston Medical and Surgical Journal.]

**UN-UNITED fracture of the thigh-bone.**—The patient, an athletic man, about 25 years old, broke his thigh three months before admission to the hospital. He was carefully treated; but on removing the apparatus, 42 days after the accident, the bone was found to bend forwards, and he could not afterwards recover the use of the limb. The fracture was found to be at the termination of the upper third of the thigh-bone; which upper third projected forwards, and by the sharpness of its extremity showed that the fracture had been oblique. The limb was shortened an inch and a half, the foot turned out.

Dr. Warren stated that it might be necessary to cut down to the fracture, divide the newly-formed substance between the fractured parts, and afterwards treat the case as a recent fracture; but that he should prefer trying the effect of compression and rest previously.

The apparatus of Mr. Amesbury was then applied; but after three days trial the flexed posture was found not to admit of keeping the limb in a state of perfect rest, nor of making the compression desired. This apparatus was therefore removed, and the following substituted. 1. The limb was tightly rolled with a circular bandage. 2. Two strips of wood were applied, one extending from the upper edge of the os innominatum to the foot; the other, placed on the inside of the limb, from the groin to the lower part of the foot. These were rolled in a splint cloth and properly padded, and secured by tapes around the limb; the pelvis was encircled by a broad band which included the upper end of the outer splint. The pelvis band was kept in its place by a groin band. The splints being thus fixed, a circular bandage was rolled over them



from the pelvis to the foot. The apparatus thus applied, was so firmly and compactly fixed, that the limb or the patient might be readily moved without disturbing the fracture. Finally two straps were buckled on the limb, over the fracture, and drawn as tightly as the patient could bear. A cradle pillow within was placed over the foot and leg.

As soon as the straps were applied, the patient began to experience pain in the fracture; but being satisfied it was the effect of a salutary operation, he bore it quietly. The pain continued fifteen days. Three days after it had ceased, that is, on the eighteenth day, the apparatus was removed. The bone was found united; the limb about its natural length, and the foot not turned out.

The compression made by the circular straps brought on the ossific inflammation; and at the same time forced the oblique and overshooting bones into their natural situation, so as to restore to the limb its proper length and position.

*Compound fracture of the leg.*— —, aged 30, fell and fractured the two bones of the leg below the middle. The fracture was oblique. The tibia protruded anteriorly. Much inflammation and constitutional affection followed, but the patient's habit was not such as to authorize depleting remedies. The limb was placed in the fracture box of Petit—well cushioned and kept without splints, until the swelling had subsided and the wound healed. The bones were then not united, and the patient complaining of a want of pressure, about the fracture, splints were applied and union took place without difficulty.

This and the former case show that compression is not only necessary to retain the bones in position, but to aid the uniting process.

*Speedy union of the os humeri.*—A British sailor boy, making his way from Canada to the United States on foot, being without money, undertook to assist a farmer, on the road, in getting in hay—and from the hay-mow fell backwards to the lower floor, and fractured the os humeri. A surgeon in the vicinity reduced the fracture and applied splints very closely. The lad prosecuted his journey, and having no place to resort to, came at once to the hospital, was admitted, and the fracture being examined, an irregularity was distinctly ascertained; but the bones scarcely moveable on each other, and in two days after they were perfectly united, though still tender.

—, aged 19, broke his thigh bone at the termination of the inferior two-thirds, by falling from the side of a vessel. The fracture was oblique. The patient being a stout healthy young man, was bled twenty ounces. Then the bones being brought into place by extension, were secured by four thigh splints—and the straight machine for fractured thigh was applied, well padded, and supported by a cradle, so as to produce a perfect immobility of parts of the limb on each other. The patient had no pain after the apparatus was applied, and the limb being examined on the seventeenth day, no motion could be found at the fractured part. He was kept still till the 28th day, when he was permitted to rise. On the third trial of his limb, he remained so long upright as to cause fainting. The lifting him to the bed hurt his thigh, and the consequent tenderness was so great as to require two weeks more of confinement.

*Compound comminuted fracture of the thigh.*—Two of these cases exist in the hospital. These patients were not bled, but required a supporting course. Great suppurations, exfoliation, erysipelas and diarrhoea occur. In the patient first brought in, union has taken place, while suppuration and exfoliation are still in progress. The other has diarrhoea and enormous swelling of the limb, so that it is not probable he will recover.\*

The straight posture of the limb in fractures of the thigh has been generally preferred in this hospital; and its success has fully justified this preference. Two long and narrow splints connected at the lower extremity, are applied on the principle of Desault's apparatus.

*Boston, November, 1835.*

## THE SCIENCE OF LIFE.

EXTRACTS FROM A PROEM TO A COURSE OF LECTURES AT BOYLSTON HALL.

BY S. GRAHAM.

[Communicated for the Boston Medical and Surgical Journal.]

IN regard to almost everything in nature, except human life and health and disease, mankind are ready to acknowledge that there are fixed principles and permanent laws, and established order and system.

They do not believe that there are any fixed laws of life, by the proper observance of which, man can, with any certainty, avoid disease and preserve health, and prolong his bodily existence:—and they are confident that the experience of the human family in all ages has fully and conclusively demonstrated the correctness of their views.

Thus, we are told, it is completely demonstrated by the experience of all nations and all ages, that human life and health and disease are matters either of absolute fatality or perfect contingency—and that in regard to them, there is no fixed philosophical relation between cause and effect: and therefore, the life, health, disease, and diet of man, cannot be governed by fixed laws, nor made matters of systematic science.

This reasoning, at first view, appears forcible and conclusive—but when thoroughly examined, it proves to be entirely fallacious:—and the more deeply and extensively we push our investigations on this subject, the more fully are we convinced that human life, health, disease, diet, and general regimen, are matters of as pure and nearly as exact science as mathematics. Indeed, the science of human life, or of human nature, is far the most profound and important subject that has ever occupied the attention of man—and in order to the most perfect understanding of it, a knowledge of all other sciences is requisite. In fact, it may almost be said that the science of human life consists of the sum of all other sciences systematized into one!—and the only reasons why the notions of mankind are so vague and erroneous on this subject, are that they never study it as a science; and most or all of their opinions are the results of *feeling*, or what they mis-call experience, rather than of deep reasoning and philosophical investigation. Nor is it surprising that it should

\* Since these notes were taken, he has died.

be so, when the nature of man as a rational animal, and the circumstances in which he is placed, and the influences which act on his natural and moral susceptibilities, are accurately considered.

It is obvious that in the general progress of things, by which new wants are continually and rapidly generated and multiplied, there is little to lead the mind of man to study the laws of human life, or to examine the dietetic and other habits and circumstances of civic life, with reference to health and disease.

The artizan who manufactured the first rude cup or goblet, probably never gave a thought to the question whether water or some other liquid is best adapted to the natural wants of man :—and since him, the thousands who have been employed in the same line of art, have seldom, if ever, been led, by their occupation, to inquire whether wine, tea, coffee, and other alcoholic and narcotic beverages, are adapted to the real wants of the human body, and consistent with the laws of life and health. On the contrary, the very employment and circumstances of every artizan require the constant application of his mental powers to the principles and operations of his art, in order to his immediate success as an artizan, and to his ultimate pecuniary success as a member of society. And this is also true of almost every other member of society. The wants of civic life are so numerous, and constitute so important a part of the very texture of social and domestic life, that every man finds nearly his whole time and attention taken up in supplying them.

It is true that disease multiplies in society, in proportion as man removes from a pure state of nature, and becomes more and more an artificial being in his habits and circumstances :—and this leads to the study of the healing art—and ultimately to the study of anatomy and physiology. But, even here, the general tendency of things is far less favorable to the accurate and profound study of the science of human life, than is generally supposed.

Disease always precedes the physician :—and the sick are only concerned to know how they can obtain the most speedy relief from their sufferings. The question with them, and with their friends, is not, how they come by their sickness, or by what violation of the laws of life it has been induced—but by what remedies they can remove the disease and restore health.

The domestic therapeutics of the earliest stages of society is generally extremely simple, and is perhaps governed at first by the morbid cravings of the patient, by accident, and finally, by experience. If by any means the disease is removed, the remedies and measures employed are carefully remembered, and used again when similar cases occur ; and in this manner, every tribe and almost every family soon acquire their system of pharmacy, and their theory and practice of medicine.

As society advances and diseases become more numerous and frequent, it follows, as a necessary result from the natural order of things, that individuals become devoted to the study of remedies, and to the care of the sick ; and thus physicians originate. The office is, perhaps, more frequently at first confined to the priesthood, who employ, with their simple remedies, an abundance of superstitious juggling and incantation and exorcism.

In time, however, some master-spirit, like Hippocrates, rises up, and digests the chaos of crude elements into something like order and system. But it is obvious that, from the first rude origin of these elements, to their systematic arrangement, everything is done simply with a view to cure the disease, and without any regard to its cause :—and, indeed, the disease itself is generally considered as the direct and vindictive infliction of some benevolent or malevolent supernatural being or beings ;—and, therefore, in all the progress of the healing art, thus far, not a step is taken towards investigating the laws of life and health, and the philosophy of disease.

Nor, after medicine had received a more systematic form from the plastic hand of Hippocrates, did it lead its votaries to those researches which were most essential to its success, and which its great importance to society demanded ; but like religion and everything else in the hands of man, it became blended with the grossest superstitions, errors and absurdities. Hence, from the earliest traditions of Egypt, until comparatively modern times, the history of medicine, with very limited exceptions, is a tissue of ignorance and folly, error and absurdity ; and only serves to demonstrate the absence of that knowledge upon which alone an enlightened and successful system of medicine can be founded ; and to show to what extent a noble, and we might perhaps with propriety say *divine* art, can be degraded, and perverted from its high capabilities of good, to almost universal evil, by the gross ignorance and sensuality and superstition and cupidity of man.

In ascertaining and defining the symptoms of disease, with reference to the application of remedies, some of the ancients certainly did much for the healing art ; and they undoubtedly made considerable attainments in the knowledge of anatomy and surgery. But we ought to know that all this may be done with almost entire ignorance of the laws of life, and the true philosophy of disease. Still, however, it must be admitted that with all the disadvantages under which he labored in regard to physiological knowledge, the therapeutic views of Hippocrates were such as justly entitled him to be called “ the father of medicine.”

In modern times anatomy and surgery have been carried perhaps nearly to the point of perfection ; and very great attainments have been made in physiology. The science of human life has been studied with intense interest and remarkable success : but this has been confined to the devoted few ; while, even in our own day and in the medical profession itself, the general and powerful tendency of things is adverse to the increase and diffusion of scientific knowledge in regard to human life, health and disease.

Intent, as all men are, on present enjoyment, they are little inclined to practise self-denial for the sake of a future good which they consider in any possible degree contingent ; and will only consent to bear the cross when compelled by necessity, or when they find it the only means of shunning imminent destruction, or of escaping from intolerable evils. Hence, so long as mankind are favored with even a moderate degree of health, they rush into the eagerly desired excitements of their various pursuits, and pleasures and indulgences ; and nothing seems to them more visionary and ridiculous, than precepts and regulations and admonitions

concerning the preservation of health. While they possess health, they will not believe that they are in any danger of losing it—or if they are, nothing in their habits or practices can have any effect, either in destroying or preserving it; nor can they be convinced of the universal delusion, that if they enjoy health they have within themselves the constant demonstration, that their habits and practices are conformable to the laws of health, at least, in their own constitutions. They will not, therefore, consent to be benefited, contrarily to what they regard as necessary to their present enjoyment, neither by the experience nor by the learning of others.

The consequence is—as a general fact—that while in health mankind prodigally waste the resources of their constitution, as if the energies of life were inexhaustible—and when, by the violence or by the continuance of their excesses, they have brought on acute or chronic disease, which interrupts their pursuits and destroys their comforts, they fly to the physician, not to learn from him by what violations of what laws of life and health they have drawn the evil upon themselves—and by what means they can in future avoid the same and similar difficulties; but, considering themselves as unfortunate beings, visited with afflictions which they have in no manner been concerned in causing, they require the exercise of the physician's skill in the application of remedies by which their sufferings may be alleviated and their disease removed. And, in doing this, the more the practice of the physician conforms to the appetites of the patient, the greater is his popularity, and the more cheerfully and generously is he rewarded.

Everything, therefore, in the structure and operations of society, tends to confine the practising physician to the department of therapeutics, and make him a mere curer of disease; and the consequence is, that, excepting the few who are particularly favored by their situations as public teachers, the medical fraternity, even of the present day, have little inducement or opportunity to apply themselves to the study of the science of human life, with that devotedness and zeal and perseverance, which the profoundness and intricacy of the subject require. While, on the other hand, almost everything by which men can be corrupted, is continually presented, to induce them to become the mere panders of human ignorance and depravity and lust;—and if they do not sink their noble profession to the level of the vilest empiricism, it is owing to their own moral sensibility and philanthropy and love of virtue, and magnanimity, rather than to the discriminating encouragement which they receive from society, to pursue an elevated scientific professional career.

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## BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, NOVEMBER 18, 1835.

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### HOUSE OF INDUSTRY HOSPITAL.

A FEW mornings since, we visited this institution, with reference to an examination of the medical department, which, from small beginnings,

has become an important practical school, where the pupil is brought in daily contact with almost as many diseases as are registered in modern books of practice.

An almshouse embraces, necessarily, a class of people who from various causes are incompetent to provide for themselves. Though some are compelled to seek a home there from the evils of honest poverty, which a life of sobriety and industry could not withstand, a majority of the adult inmates may be regarded as the victims of many vices, whose direct tendency is to break down the physical constitution, and lay the foundation of organic diseases, which neither medicine can overcome, nor an old age of regularity make comfortable. Growing out of this condition of individual incapacity, profligacy, and, frequently, absolute moral degeneracy, the children of such parents, in the earliest dawn of infantile existence, are thrown upon the tender mercies of the community, to become the subjects of the same institution, and are oftentimes tainted with the corrupt blood that flowed through the polluted bodies of those who brought them into a helpless and dependent existence. The young and the old, therefore, of both sexes, are congregated in this lazaar-house, where they sometimes remain a quarter of a century, the living monuments of that species of wretchedness which results from innate depravity, or hereditarily exhibit the utter unworthiness of the stock from whence they came. Thus, the lame, the halt and the blind, are in such places actually omnipresent: every hour in the twenty-four has its peculiar interests, so far as it relates to the manifestations of the body diseased. Here, then, is a peculiar opportunity of studying pathology under the most advantageous circumstances.

In a general and hasty examination of the hospital, in which such only are allowed a bed, as are positively suffering either from an acute curable, or a painful incurable malady, we were struck, as we always have been in similar establishments, in this and other cities, with the predominancy of affections of the heart, or derangements of the system immediately depending on the irregularity of the action of that important organ. It is probable that the paroxysms of excitement to which many of these unfortunate beings have been subjected at one period or another in the course of their irregularly spent lives, produced sudden changes in the interior of that vital, life-dispensing agent, which no skill could counter-vail, were their exact nature understood, and which slowly, but inevitably, conduct to certain death.

Another order of infirmities which seem to be concentrated there, embraces all the known variety of ulcers, as unpromising and hopeless as the surgeon is ever required to contend with. Though ordinarily received when the patient has discovered the impossibility of being made even tolerably comfortable by his own limited resources, the field of observation is unrivalled as it respects the facts that may be learned of the last stages of these loathsome vultures that prey upon the human body.

Again, distortions, arising from malformations of the bones, and contracted muscles, produced by various causes, strike the visiter with astonishment. Nature appears to have sported, in numerous instances, with the architecture of the human frame, and worked and twisted it into phantastic forms, to show what liberties she can take with her own productions, without extinguishing the feeble lamp of life.

Beside these accompaniments of an almshouse domiciliation, there are continually being presented all the strange anomalies recognized in any

nomenclature of modern times, without any particularly known cause, unlooked for, and even unwelcome by those who study pains to learn how to subdue them.

Without hesitation, we are constrained to say that the almshouse hospital holds out prospects to the medical student equal to those anywhere else to be found, and we are surprised, therefore, that there are not twenty pursuing their studies there, where there is at present not half that number. A hospital of incurables is a desideratum in this country. Those really beyond the reach of the benefits of the healing art would be more appropriately provided for in such a hospital, whilst those now necessarily lodged within the influence of all that is terrible in the contemplation of a human being, weighed down by an accumulation of corporeal miseries, which are irresistibly and irremediably hurrying him to the grave, would be made better and happier by such a provision.

*Franklin Infirmary, New Orleans.*—This excellent establishment, one mile from the Mississippi, in the Faubourg Franklin, must be viewed favorably by the public. The charges are reasonable, compared with everything else in that dear city. Nurses, speaking almost entirely the English language, are in constant attendance. The cost of private rooms, including attendance, is from two to five dollars per day. Surgical operations are extra charges. In the ordinary wards, the cost is only one dollar a day—and for smallpox, the price is three dollars a day, which, from long and sad experience, we know to be too cheap. Dr. H. Lewis is the resident physician.

*Provision for the Insane in Vermont.*—From the report of a Committee appointed by the Vermont legislature to ascertain the number and condition of insane persons in that State, we learn that in 59 towns the number is 144 ; males, 60—females, 84. Of these, there are—under the age of 20 years, 12 ; between 20 and 30, 25 ; between 30 and 40, 32 ; between 40 and 50, 25 ; over 50, 45. Returned as continually confined, 18 ; occasionally confined, 19 ; as town paupers, 45 ; as poor and destitute, 40. The Committee recommend the cause of the insane to the favorable notice of the legislature.

*Private Lectures.*—Dr. Bryne, of Baltimore, is delivering a private course of anatomical lectures, in that city, with success. We admire this kind of professional enterprise. Those men who tug at the wheel in early life, are pretty sure of an old age of comfort and useful distinction.

*Surgical Appointment.*—Dr. Amasa Trowbridge, of Watertown, N. Y. has been appointed by the trustees of the Willoughby University, Ohio, Professor of Surgery in that institution.

*Medical Students.*—There has never perhaps been so many medical students in this city at this season of the year, as there is now ; both the University and the Jefferson College are likely to be attended this winter by very large classes.—*Philadelphia paper.*

**POST OFFICE ANNOYANCES.**—It may seem altogether imaginary to those who have had less experience than ourselves, that the postage we are compelled to pay is becoming a burden of no ordinary magnitude. In managing the affairs of the Journal, an extensive correspondence is maintained at home and abroad, and much expense necessarily incurred. But the aggregate of the postage of *letters in which the writer alone is interested* is also very considerable, and the editor is obliged to say that no such letters, unless post paid, will hereafter be taken from the office. This declaration is not made because one or twenty letters are sometimes charged to his account; but because the number is so great, and constantly increasing, too, that he is reluctantly driven to the mortifying necessity of confessing that he cannot afford to sustain the continual drain thus made upon his small earnings.

**TO CORRESPONDENTS.**—The Communications of Dr. Northrop and "J." will have an early insertion.

**DIED.**—At Princeton, N. J. Dr. Samuel Howell. In Buckingham, Bucks Co. Pa. John Wilson, M.D. aged 68.—In Baltimore, Dr. George Williamson, of the Society of Friends, in his 55th year.

Whole number of deaths in Boston for the week ending Nov. 13, 43. Males, 25—Females, 18.

Of lung fever, 6—palpitation of the heart, 1—old age, 1—croup, 1—palsy, 1—measles, 20—infantile, 6—childbed, 1—consumption, 3—typhous fever, 3. Stillborn, 3.

## ADVERTISEMENTS.

### MEDICAL SCHOOL OF MAINE.

THE Medical Lectures at Bowdoin College will commence on *Monday*, the 29d day of February, 1836.

Anatomy and Surgery, by JEREDIAN COBB, M.D.

Theory and Practice of Physic, by WILLIAM FERRY, M.D.

Obstetrics and Medical Jurisprudence, by JAMES McKEEN, M.D.

Chemistry and Materia Medica, by PARKER CLEVELAND, M.D.

The *Anatomical Cabinet* and the *Library* are annually increasing.

Every person, becoming a member of this Institution, is required *previously* to present *satisfactory* evidence that he possesses a good moral character.

The amount of fees for the Lectures is \$50. The Lectures continue three months.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September.

N18—Steep

Brunswick, November, 1835.

P. CLEVELAND, Secretary.

### WANTED,

Nos. 3, 4, and 5, Vol. XII. of the Medical Journal, for which a liberal price will be paid. Subscribers, who do not bind their volumes, and Editors of papers exchanged for the Journal, will confer a favor by forwarding these Numbers to the publisher.

### MEDICAL TUITION.

THE subscribers have recently made some additional arrangements for the instruction of medical students. A suitable room is provided, as heretofore, for the use of the pupils; the necessary books are supplied, and a systematic course of study is recommended. Personal instruction is given to each pupil in each of the several departments of medical knowledge. Every facility is provided for the cultivation of practical anatomy, which the present improved state of the law permits. This department will receive the constant attention of one of the subscribers, who will always give such aid and instruction as the pupils may need.

The pupils have free admission to the lectures on Anatomy, and on Surgery, in the Medical School of Harvard University, and to all the practice of the Massachusetts General Hospital; and generally they have opportunity to attend private surgical operations.

The terms are, 100 dollars per annum; to be paid in advance.

JOHN C. WARREN,  
GEORGE HAYWARD,  
ENOCH HALE,  
J. M. WARREN.

Boston, October, 1835.

Oct 28—Steep

### A STAND FOR A PHYSICIAN.

A PHYSICIAN in the State of Maine, in a pleasantly situated, small, flourishing village, about 25 miles from Portland, wishes to dispose of his stand. Being a very eligible stand, and affording abundant practice, it offers a good opportunity for a physician to establish himself. For further particulars, apply to the Editor of the Journal; if by mail, post-paid.

Sept 23—3m

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. OLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. J. V. C. SMITH, M.D. Editor. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy, *gratis*.—Postage the same as for a newspaper.



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WEDNESDAY, NOVEMBER 25, 1835.

[NO. 16.]

## REDUCTION OF STRANGULATED HERNIA BY THE EXHAUSTING PUMP.

THE use of the air-pump, as an agent in the reduction of hernia, was first noticed, we believe, by Professor Hauff in the year 1818. Hufeland's Journal for July, 1832, also contains some remarks by Dr. Busch on the same subject. Finally, the No. of Hecker's Journal now before us contains several cases, which we shall notice briefly.

CASE I.—In October, 1833, the author, Dr. Kohler, was called to a Jew, sixty years of age, who had suffered the last nine years from scrotal hernia. After some days of a fit of indigestion the patient began to suffer from pain in the abdomen, and the hernia could not be returned even by a surgeon; the symptoms were now rapidly aggravated, and the author on his arrival found the patient in a state of great danger. According to the account of his attendants, the hernia was strangulated for three days; the face was now sunken; the body covered with a cold sweat; the extremities cold; the pulse barely perceptible. No stool for the last three days. The author had immediate recourse to all the common remedies, venesection, cold applications, narcotics, enemata, baths, drastic purgatives, &c. without any effect; the danger was most pressing, and nothing seemed left but the operation; however, the exhausting pump was tried as a last resource. Immediately after the application of the apparatus, which was placed over the abdominal ring, the operator began to perceive some gurgouillement in the hernia; this gave encouragement, and in a short time, to his great pleasure, the parts were restored to their natural position. Alvine discharges were obtained in a few hours, the vomiting ceased, and the patient was restored to health in a few days.

CASE II.—In January, 1834, a female, sixty years of age, was affected with inguinal hernia on the right side, and sudden femoral hernia on the left side; it was impossible to return this latter; symptoms of strangulation soon set in, and the necessity of an operation was agreed on in a consultation of surgeons. The air-pump was applied. After the first application, a little gurgouillement; after the second, partial return of the gut; after the third, complete reduction of the hernia.

Professor Janekowski has communicated a very remarkable case to the author, of which the following is an abstract:—

CASE III.—The patient, a strong healthy woman, fifty years of age, perceived the first trace of an umbilical hernia about two years before. The tumor had acquired some size before she experienced any remarkable symptom; it was then partially reducible, and the pains in the abdomen and swelling were alleviated by opening medicines. After the lapse

of about a year the tumor became suddenly the seat of intense pain ; there was obstinate constipation for six days, which only yielded to general bloodletting and purgative enemata. On the sixth day inflammation set in, and terminated in abscess of the integuments. At the end of August the patient was attacked a second time with inflammatory symptoms, which now assumed so severe a character as to threaten her life with imminent danger. The hernia could not be reduced by any of the ordinary means, though seconded by venesection and repeated purgative glysters. On the third day the tumor became excessively painful and hard, stercoral vomiting supervened, and a fatal termination seemed almost inevitable. The air-pump was now applied, but at first produced a great deal of pain ; however, it was removed after a short time, and the taxis was now practicable with the greatest facility. In a few hours copious evacuations were produced, the symptoms of strangulation subsided, and three days later the patient was perfectly cured.

In addition to the cases which we have just quoted, the author details six others, where the air-pump was employed with equal advantage, and adds that in twenty-three cases, the greater part of which were desperate, the means now alluded to did not fail to justify his confidence ; he therefore concludes, by expressing a hope that a remedy of such power may meet the general consideration which it deserves.—*Lancet*.

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#### TEMPERATURE OF THE HUMAN BODY.

On the 10th of August last, MM. Breschet and Becquerel communicated to the French Academy of Sciences the results of various experiments made by them on the temperature of different parts of the human body in various diseases. In the instrument used by them, a perfectly constant temperature is kept up in one point of the needles for 24 hours, while it is at the same time furnished with a very sensible regulator. The following are a few of the results. The degrees given are of the centigrade scale.

No. 1.—A man, thirty-seven years of age, laboring under typhous fever, complicated with bronchite ; pulse 116. Temperature of the mouth, 39.65 ; of the biceps muscle, 38.80.

No. 2.—A man, twenty-four years of age, affected by enterite with bronchite ; pulse 116. Temperature of the biceps muscle, 39.50.

No. 3.—A scrofulous child in a well-marked febrile state. Temperature of the mouth, 37.50 ; of an inflamed scrofulous tumor, 40.00 ; of a phlegmonous tumor in the cellular tissue, 40.00 ; of the biceps muscle, 40.00.

No. 4.—A woman, thirty years of age, affected with a tumor of the same nature. Temperature of the mouth, 36.75 ; of a scrofulous tumor on the neck, 37.50 ; of the biceps muscle, 37.00 ; of the adjacent cellular tissue, 35.00.

No. 5.—A female with cancer of the breast. Temperature of the mouth, 36.60 ; of the cancer, 36.60 ; of the exuberant fungi, 36.60 ; of the biceps muscle, 36.60.

No. 6.—In a young man in high fever. Temperature of the biceps, 38.90.

No. 7.—In a young man attacked with scrofulous caries of the bones of the foot. Temperature of the mouth, 36.50 ; of the biceps muscle, 37.50 ; of the wound, 32.00. (In this case the needle passed through the cellular tissue of the plantar fascia.)

No. 8.—A man, forty-nine years of age, affected with hemiplegia of the left side, and presenting the commencement of senile gangrene in the inferior extremities. Temperature of the biceps on the healthy side, 36.45 ; on the injured side, 36.60 ; of the mouth, 36.40 ; of the muscles of the calf on the sound side, 36.60 ; on the paralyzed side, 36.60.

No. 9.—A woman, forty-five years of age ; the inferior extremities engourdis and painful after paralysis ; pulse 84. Temperature of the biceps, 37.14 ; of the adductors of the thigh, 37.55.

No. 10.—In a man, sixty years of age, affected with mercurial tremor. Temperature of the biceps on the right side, where the tremor is most marked, 37.04 ; on the left side, 37.15.

No. 11.—Case of abdominal dropsy, with affection of the heart. Temperature of the biceps, 37.05 ; of the fluid in the abdomen, 36.85.

No. 12.—A man with confluent smallpox, a few minutes before death ; pulse 114. Temperature of the biceps, 35.85 ; of the hand, 32.00.

The authors observe, that if we remember that the normal temperature of the muscles is about 36°, we shall find,—

1. That the febrile state is attended with an increase of heat which may go as far as 3°.

2. That scrofulous tumors, though violently inflamed, do not present a much greater increase of temperature.

3. That cancer does not present anything remarkable, except, perhaps, a slight depression of heat in all the parts explored.

4th and finally. That in paralysis we do not find any very sensible difference between the temperature of muscles on both sides of the body.

*Ibid.*

#### DR. BELL'S PRIZE DISSERTATION ON DIET.

[Continued from page 236.]

SUCH are the principal anatomical data, on which can be founded an opinion on this point of the natural history of man. Naturalists have evidently been predetermined to make him, by the rules of natural science, an omnivorous animal. To arrive at this, however, they seem rather to have been forced to jump to a conclusion, than to arrive at it by a legitimate deduction. Whilst the most distinguished in Europe, as Cuvier, Lawrence, Blumenbach, Richerand, Marc, &c. have recorded their acquiescence in this opinion, they as uniformly acknowledge that man is strikingly analogous in bodily structure to the simiæ, and as these are in their natural state undoubtedly frugivorous, it must be that their conclusion in regard to his omnivorousness is deduced from the circumstance of observation and experience of the species over the greater portion of the globe, rather than a strict inference from the data of natural history. This

structure we believe proves only that he is neither decidedly carnivorous or the contrary ; he is also far from being omnivorous, if by that term he is considered as possessing the structure or powers of both flesh and vegetable-eating animals, since he is probably gifted with those of neither. It is true he feeds on all the productions of nature, but not in manner analogous to that of the brutes.

Whilst we believe and contend that the general practice of man in using both animal and vegetable food, in a prepared state, as is the almost uniform practice of all nations, is neither contra-indicated by natural structure or experimental result, we can freely allow that man does approximate more closely to the frugivorous animals than any others in physical organization. But the only conclusion which ought to be drawn from this similarity is, that he is designed to have his food in about the same state of mechanical cohesion, requiring about the same energy of masticatory organs as if it consisted of fruits, &c. alone.

Animals by a brute instinct will select, each species, a kind of food adapted to its capacity of digestion ; man has a digestive apparatus which is evidently designed neither for the use of animal flesh in its recent state or unchanged by the action of fire, nor in a state of putrefaction. His organs are evidently too complex and extended for the latter aliment. They are fitted for animal food *prepared by his reason*. In short, he was designed to be governed in his food as in everything else, not by instinct, but by his reasoning faculties. These have pointed out to him the general fact that neither animal nor vegetable substances are his appropriate food, till modified by preparation and cookery.

What we apprehend to be the true doctrine on this subject is, that his reasoning powers, enabling him to subject and subdue nature to himself, as far as food, habitation and clothing are concerned, and having in a thousand ways such an immediate influence on his bodily existence, forbid any very confident judgment or conclusion being formed in relation to him, from any real or supposed analogy to the other species of animals. He constitutes a species *sui generis*, far removed from all others. The chain of beings, or regular gradation of animals, stops, at least, when it reaches him. The visionary theories of a Monbroddo, or the philosopher of Geneva, in regard to the identity of orang-outangs and man, the existence of wild men, or those not under the influence of the reasoning faculties, &c. alike groundless and insulting to the human species, hardly deserve mention, much less refutation. They only prove, as Mr. Lawrence remarks, that these schemers were equally ignorant of the structure of men and monkeys. And yet how much less absurd are the opinions of those, who would subject "the lord of the creation" to rules and laws drawn from the habits of the monkey tribe ?

If man is considered only as a superior kind of monkey, placing, as must be done, the African races as the immediate connecting link between him and the simiæ, and continuing the progression up through the less darkly tinged races to the polished European, then would the analogy be grounded on premises apparently philosophical.

Mr. Lawrence remarks on this scheme of gradation—"We should not have expected to find such opinions defended by the natural historian, and we shall not hesitate to assert that they are as false philosophically,

as the moral and political consequences to which they would lead are shocking and detestable. We set out with this position, that man has numerous distinctive marks, by which under every circumstance of roughness and uncivilization, and every variety of country and race, he is separated by a broad and most clearly defined interval, from any other animal, even from those species which from their general resemblance to the human subject have been called anthropo-morphous.\*

For a full, philosophical and unanswerable elucidation of the distinctive differences between man and animals, the reader is referred to the physiological writings of William Lawrence, F.R.S. &c.

If, considering, as our modern Pythagoreans do, that man is by nature an exclusively vegetable-eating animal, and that therefore in our practices we should endeavor to act as to food without reference to reason, to shake off the trammels of education and habit, and to return to the customs of the golden age, will not the entire preparation of food by fire be legitimately deemed to be unnatural and preposterous? No animal surely practises the culinary art. Nor is there any nation of even their vaunted vegetable eaters, which does not more or less practise the unnatural art of subjecting their rice, or potatoes, or grains, to roasting or boiling, or which does not render them even more dissimilar from their original state by the more complex processes of pounding, grinding, &c. or the qualification of condiments.

It is a maxim in logic, that what proves too much proves nothing. If it is unnatural to eat flesh, it is equally unnatural to cook vegetables, for both or their principles are the results of reason and not of natural instinct. Still more we transgress against the natural habits of animals when we resort to clothing. Does climate render the use of external clothing essential, why may it not render the use of stimulating and supporting animal food necessary? If the almost hairless simiæ or naked man can live without clothing in the regions of the torrid zone, in the frozen regions of the pole they must either violate nature and resort to external coverings, or cease to be inhabitants of its icy dominions. Man, by his reason, can counteract these imperfections of nature—or if that be too presumptuous an idea, can cure the wounds he inflicts on his own nature; he can render himself the denizen of all latitudes by his ingenuity in clothing and habitation, thus protecting his external structure; why not, then, by strengthening and guarding his internal organization by dietetic means (if these are necessary), adapted to the circumstances in which he may be placed?

How far, then, diet is influenced by climate as shown by the experience of mankind, and how far this influence is founded on true principles, is next to be considered. Do we ever find mankind living in a state of nature?† Considering him an herbivorous or frugivorous animal, and their habits as the standard of nature, assuredly not. He is everywhere

\* The terms *natural state*, *original condition*, &c. of man, so much employed by the advocates for an exclusively vegetable diet, we can hardly be allowed to suppose denote a state of barbarism. They would scarcely be willing to consider the influence of reason in producing a state of civilization, and overturning almost all resemblance between man and the brutes, to have been unnatural.

† If, again, by *natural state* of man is meant the infancy of society, then "mankind were probably almost wholly carnivorous," remarks Professor Dunglison (*Physiology*, Vol. I. p. 441), "as the tribes least advanced in civilization are at the present day." Or more probably his food depended on his location or other accidental circumstances.

a *cooking animal*, and this term would perhaps be as well adapted in forming a definition of the *bipes implumis*, as Franklin's appellation of a *tool-making* or *bargain-driving* animal. Giving it up, then, as hopeless, even to conjecture what he would be, if following the customs of the animals exclusively eating raw vegetable substances, how can we so well deduce conclusions as to what mode of life befits him, as to appeal to the evidence of experience, and to examine his comparative health, longevity, bodily and mental vigor, and mental characteristics, as we find them displayed under varied circumstances of existence.

There are hardly any substances which have been possessed of organization and life (and these alone have the properties of nutriment), which have not been employed at some time and in some countries as food. Amongst the various circumstances and peculiarities in relation to aliment, if there has been any one which has been general in all nations, it is the preparation of their food by fire. Some exceptions even to this rule are not wanting.\*

"The researches of Meiners," remarks Mr. Lawrence, "respecting food, seem to have exhausted every accessible authority on the subject. His deductions, supported by an almost infinite number of quotations, exhibit so complete a view of the matter, that we present them to the reader in his own words :

"The common positions concerning the earlier use of vegetables, and the effects of vegetable and animal food on the dispositions of people, have been brought forward by men not acquainted with all the facts which history presents. There were formerly, and still are, many people, particularly among the dark-colored nations, who eat nothing or almost nothing but flesh, and that with little or no preparation. Examples of this are offered in Asia by the Huns, Calmucks and people of Thibet ;—by the Burates, Tunguses, Kamschatkans, and eastern islanders ;—by the Ostiaks and Samoides, whom the Russians were obliged to imitate in Nova Zembla and the eastern ocean ;—by the Woguls, Circassians, Mingulians and Abcassas ; and, lastly, by some tribes in Babylon. In Europe by the Alani, all the Celtic people, the Tartars of the Crimea, and even the inhabitants of St. Kilda. In America by the Esquimaux, the Greenlanders, the North American savages, the Peruvians, and the inhabitants of Terra del Fuego. In Africa by the Ethiopians and Gallas. In the southern countries and the islands of the South Sea, by the New Hollanders, New Zealanders, and the inhabitants of the Friendly and Society Islands."

"On the contrary, there have been and still are many people who live almost exclusively, or wholly, on vegetables. Such are the Cretans, Spartans and Romans at certain periods ; most of the Slavonic tribes, the Turks, Arabians, and Persians ; the Mahomedans, and still more the

\* Examples are adduced of nations using certain mineral substances as food, or perhaps water instead of aliment, as this term can hardly be applied to those substances from which no chyle can be formed. "Kestler," remarks Prof. Dunglison (*Human Physiology*, Vol. I. p. 438), "affirms that the quarriers on the Kyffhauser, in northern Thuringia, spread a *steinbutter*, or *rock butter* (*Jameson*) on bread, which they eat with appetite. Labillardiere also relates of the inhabitants of New Scotland, that they are accustomed to eat a soft greenish kind of scate, which he says serves to allay the sensation of hunger by filling the stomach. Vanquelin analyzed some of this, but was unable to extract anything nutritive from it. Long ago, Gumilla observed that the Ottomans and Gallas were in the habit of eating a kind of clay alone or with other substances. This practice was observed also by Humboldt."

Brahmins in Hindostan ; the Chinese, Japanese, and certain of the Javanese ; most of the Otaheitans and inhabitants of the Marian Islands ;—lastly, the Egyptians, Moors, Negroes, Hottentots, and inhabitants of Sennaar.”

These instances, while they afford abundant confirmation, if evidence were wanting, of the omnivorousness of man, at least in his present state, can only be regarded as extremes or exceptions to the general law. The food of a great proportion of the inhabitants of the globe is unquestionably an admixture of animal and vegetable substances, and on examination of many of the instances of the exclusive use of one or the other, it will be found to be dependent on peculiar adventitious circumstances, rather than on any original, instinctive propensity for either. The exclusively flesh-eating people will be found to be natives of those regions whose cold and sterile soil is incapable of producing the fruits of the earth. Whilst in some of the vegetable-eating countries, the mode of life in this respect is in consequence of religious dogmas, as illustrated for example in the immense nations of the east (in the same manner that with the ancient Pythagoreans it was an absurdity of their philosophy, the belief of metempsychosis) ; in others, as in Ireland, many parts of the continent of Europe, and probably also in some of the oriental countries, it results from a necessity, the over-crowded state of the population, which brings man down to the minimum of food capable of sustaining existence. From the statistical researches made in 1790, by the celebrated Lagrange, and brought up to a late period by M. Moreau de Jonnés, in a memoir to the Academy of Sciences, it is shown that France does not produce one-half the amount of the flesh of animals necessary to the nourishment of the inhabitants.

In referring to such a statement of the aliment used by various nations, as that given above from Meiners, we are struck on examination :

1. With the nearly equal health, longevity and vigor of all these nations. The general average of the length of human life is nearly the same ; the appointed bourne of “three score years and ten,” seems almost universal. The able writer on longevity in Rees’s Cyclopaedia, arrives at the general conclusion, reviewing the catalogues of those recorded for longevity, that no characteristic applies to the individuals therein, but that of temperance in eating and drinking. Of course the quantity, rather than any peculiarity of the food, constitutes temperance.

2. The next general observation from this sketch, is, that as we go from the equator to the poles, the food of man changes from a preponderance of vegetable, to that of animal ; and that in the temperate latitudes, except in such instances as that of Ireland, explained by obvious circumstances, the aliment is uniformly of a mixed nature, comprising both animal and vegetable substances.

Two circumstances in the natural history of man seem to have a necessary connection between them ; viz. his having the power to inhabit the various regions and climates of the earth, and his being able to subsist on almost or quite all organized substances, or, as Dr. Copland remarks, he must be naturally omnivorous, as a consequence of his ubiquity. “If the wastes of Lapland, the shores of the Icy Sea, the frozen coasts of Greenland, and the deserts of Terra del Fuego, were destined

by nature for the habitations of man, then is he not an herbivorous animal, nor is even a mixed diet necessary to his support. It would be impossible to procure vegetable productions where the earth's surface is almost constantly either frozen or covered with snow. The continual use of animal food is as natural and wholesome to the Esquimaux, as a mixed diet is to an Englishman."

In the cold regions, the abstraction of the stimuli of solar light and heat, and the continued low temperature, have a tendency to diminish the powers of life, the energy and tone of the muscular and nervous systems. Here a compensatory addition to the vital energies is required, which is best afforded in the use of an invigorating and stimulating diet of animal food.

A similar equilibratory process from opposite reasons is demanded in the tropical regions, between the constitutional condition of man and his food. In the temperate zone, the same reasoning and the same experience which fix the expediency of animal food in the cold, and vegetable for the hot climate, demonstrate the fitness of a mixed aliment for the inhabitants.

Dr. Copland has carried the view of this connection between man and the soil he inhabits, into many interesting bearings, relative to his food, medicinal agents, &c. for which the reader is referred to his Dictionary of Practical Medicine, Art. Climate, in relation to the food of man. He concludes his article in the following words: "From these and other considerations, the following corollaries may be drawn;—that the climate of a country should in a great measure guide man in his selection of food; those productions which are most abundant around him, being most appropriate to the circumstances in which he is placed, and that the nature of his food thus conspires with the climate to modify his constitution, whilst it serves to counteract the rigors of season, and the unwholesome influences to which he is constantly exposed, in very hot as well as in very cold countries."

Our modern Pythagoreans have endeavored to argue that the use of animal food has a tendency to render men savage and ferocious in their dispositions, drawing this conclusion from the analogy of brute animals. The slightest, most cursory examination of the schoolboy's compend of geography or history dispels this visionary idea, and demolishes to the foundation all their Utopian structures, based on restoring the golden age, by leading men back to a diet of "acorns and the crystal stream." Not to multiply examples to sustain a position so obvious, suffice it to remark, without recurring to ancient history, that Hyder Ali, and Tippoo, "his more terrible son," Ali Pacha of Yanina, and a host of oriental tyrants, were frugivorous animals!

It has been customary for these bigoted exclusives to bring forward a few instances of men eminent for transcendent genius and worth, as proofs that a vegetable diet is *alone* consistent with the possession and exercise of great talents and virtues. A more palpable *non sequitur* never disgraced logic. While they instance a Newton, a Howard, a Franklin, and some half dozen others, as examples of their rule (and of even the habits of these, some more specific accounts might not be amiss, as to



their perseverance in an exclusively vegetable diet), they forget [that these are only exceptions to a long list of great and renowned names.

"If the experience of every individual were not sufficient to convince him that the use of animal food is quite consistent with the greatest strength of body and mind, the truth of this point is proclaimed by the voice of all history. A few hundreds of Europeans hold in bondage the vegetable-eating millions of the east. We see the carnivorous Romans winning their way, from a beginning so inconsiderable that it is lost in the obscurity of fable, to the empire of the world; we see them, by the power of intellect, establishing that dominion which they had acquired by the power of the sword, and furnishing such compositions in poetry, oratory, philosophy and history, as are at once the admiration and despair of succeeding ages; we see our own countrymen rivalling them in arts and arms, exhibiting no less signal bravery in the field and on the ocean, and displaying in a Milton and Shakspeare, in a Newton, Bacon, and Locke, in a Chatham, Erskine and Fox, no less mental energy; yet, with these proofs before their eyes, men are actually found, who would have us believe, on the faith of some insulated, exaggerated and misrepresented facts and still more miserable hypotheses, that the development, form and powers of the body are impaired and lessened, and the intellectual and moral faculties injured and perverted, by animal diet."<sup>\*</sup>

We have no disposition to go "*ultra crepidam*" in vexing the theological arguments, which at least one learned professor adduces in support of his views, against the use of animal food;—or to discuss the question whether the shortening of human life was the result of man's folly in thus overstepping the laws of his nature. Enough for us, is it to know, that we have the best evidence for the belief that the term of human life has been for some thousands of years the same, and shall content ourselves with the ancient avowal of the psalmist: "The days of our years are three score years and ten; and if by reason of strength, they be four score years, yet is their strength labor and sorrow, for it is soon cut off and we fly away."<sup>†</sup> Having thus, as we conceive, cleared the way for a practical consideration of our subject, we dismiss an investigation perhaps needlessly protracted, surely so except from the considerations alluded to, in the words of Ovid:

Inter utrumque tene  
— medio tullissimus ibis.

If it were or could be demonstrated that man is strictly an herbivorous, or a carnivorous animal, one only precept as to his food and drink need be urged upon him, and that would be to follow nature, and return as speedily as possible to the original manner of life from which he has departed. But as we have shown that man is intended to be governed by his intelligence, in cultivating, in preparing, in cooking and otherwise modifying the fruits of the soil and the flesh of animals, so as from their natural state to fit them for his use, such simplicity, however pleasing to the supposed discoverer (and in truth over-simplification and too hasty generalization are the loud crying sins of our modern philosophizing), is

<sup>\*</sup> Lawrence, Rees's Cyclop. Art. Man.

<sup>†</sup> Psalm xc. See also II. Samuel, xix. 32 et seq. "Now Barzilai was a very aged man, even four score years," &c.

not in accordance with that grand touchstone of "law and fact" in medical science, *experience*. The truth seems to be, in the language of Dr. George Fordyce, "man has no natural food."\* He may indeed have

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\* Professor Mussey, of Dartmouth College, N. H. in a lecture delivered during the session of the Legislature of New Hampshire, and repeated in other States, is reported to have brought forward the interesting, and well known and authenticated history of Caspar Hauser, as detailed by M. Von Fuerbach, as illustrating and defending the principle that man is by nature an exclusively vegetable-eating animal. Caspar, when first brought from his state of confinement into society, was struck with horror and disgust at the sight and smell of flesh or cooked meat. This repugnance was hardly to be combated with, it was so overwhelming, nor was it, at the date of the biography, overcome. Granting the fact, and there is no reason to doubt it that we are aware of, and what does it prove? Merely that Caspar was from infancy trained up on a vegetable diet. It can demonstrate only, what no one can hardly think of denying, that the human subject is capable of being supported in vigor and health, on vegetable food exclusively—especially if, as in Hauser's cases, no exercise was taken nor any vicissitudes of season encountered.

As an offset to this case, we will attach here the account of another wild boy, which if any addition were needed to its authenticity beyond the names connected with, and referred to, in it, we could give it in our own knowledge of the circumstances, derived from intelligent gentlemen, when the writer was at the South a few years since.

*"Wild Bill, or the Mississippi Orson.*—[From the Knickerbocker.]—It was the lot of that wonderful person, Caspar Hauser, to be emancipated and tamed among a people every way disposed to note all the peculiarities of a mind permitted almost to reach maturity before it had received the impress of a single effort at training it. This training was then undertaken, by instructors, excited by an enthusiasm of curiosity to trace the first manifestations of his mind under its new series of impulses. Of course, we have in his case the most impressive chapters upon the influence of the magnificent universe—the green earth, the sun and moon in the blue heavens, and the grandeur of the starry hosts, when first shown to him. We have a novel and most striking history of mind under the first impressions of external nature, and the first lights of instruction.

"The annexed and unpretending narrative lays no claim to virtues of this sort. *Wild Bill*, it is true, was thrown among a people humane and civilized; but they were pressed by the numberless and imperious necessities incident to a new settlement in the wilderness. Their condition was too full of labor, care, and danger, to admit of the exercise of curiosity. Thus they were less disposed to mark the first movements of his mind, after he had been caught and the process of training of society was commenced upon him. In a forest full of Indians and wild animals, *Wild Bill* was an object of very little higher interest than a tamed bear or panther. Of course, no documents remain to show how he was impressed by the new views which society presented to his mind. I have even been unable to ascertain whether any efforts were made to place him at school, or under the influence of any other instruction and training than that of the new circumstances in which he was placed.

"Although his story may not claim parallel interest with the eloquent history of mind in the case of Caspar Hauser, it may, nevertheless, present one claim to attraction—it is literally a matter of fact, without the slightest admixture of coloring of any sort—and within the knowledge of citizens of the highest standing in Mississippi and Louisiana. Judge Butler, of the latter State, is capable of furnishing many more details than I have been enabled to obtain. Although I have heard the oral statements of many persons who have seen the subject of the narrative, I am indebted mainly for the facts it contains—with which the statements referred to uniformly agree—to one of the first planters in the parish of Rapides, in Louisiana. He became a temporary resident at Woodville, a considerable village in the interior of Mississippi, in 1811. Here he first saw the boy called *Wild Bill*, who then resided with a Mr. Benjamin Rollins. He had at that time made so much progress in learning to talk, that he was quite intelligible. It is believed that he had then been taken about eighteen months or two years.

"He was secured in the Mississippi swamp, not far from the present site of Pinckneyville. The circumstances that led to his being taken, were these: Some settlers, who had recently settled in that vicinity, saw on the margins of the swamps the prints of the naked foot of a boy. This led them to closer observation; which soon discovered to them a naked boy, walking with the gait and the manner of a hunting animal, on the shore of one of the lakes that abound in that region. His object was to catch frogs—a species of hunting at which he seemed very expert. When he had caught them, he devoured them raw. The discoverer attempted to approach him; but as soon as the

instincts and propensities, if not blunted or perverted, sufficiently strong and intelligible to prevent his interfering very materially with his healthful condition. It will be, it is believed, generally found to be true, that that mode of life or kind of aliment which experience proves detrimental, is at first repulsive to the taste or instinct of man. It is only the conventional customs of society which bring about a change, subverting the

wild lad saw him, he fled with the usual terror of an untamed creature at the sight of a man, towards a lake, into which he plunged—diving and swimming with the ease of an amphibious animal. These occurrences naturally excited much interest among the settlers; and they collected in a body to make an united effort to take him. After hunting for him for some time, they at length discovered him under a Persimmon tree, eating the fruit. As soon as he observed his pursuers, he fled as before, doubling the bush like a fox, and making again for the water. Excusing themselves by the motive, the hunters adopted their usual expedient for catching animals; they put their dogs on the trail of the strange game. The dogs soon tired him down, and brought him to bay. Though no metaphysicians to form mental theorems out of the case of their new conquest, they discovered that the two-legged, unfeathered creature, had the natural instinct of fight—for he made battle upon dogs and men with the full amount of courage and ferocity that might be expected to result from his age and physical strength. But although he fought like any other animal, he was compelled to yield to numbers, and was fairly caught and bound. He was then, it is supposed, not far from nine years old—naked, and perfectly speechless. His form was slender, but well proportioned and capable of extreme agility. His eyes were brilliant; his hair sandy, and his complexion florid; a circumstance which may be accounted for, from his having lived almost entirely in the deep shades of the forest. Woodville was the nearest considerable settlement, and thither he was carried for the experiment of domestication.

“Eighteen months or two years after his capture—the period, as I have said, when my informant first saw him—he had still a look indicative of his name. He was yet wild, although he could now make himself understood. It was more difficult to overcome his appetite for raw flesh, than to learn him to speak. The love of the excitement of alcohol, seems to be another common appetite of the man of nature; for he soon manifested an unconquerable longing for spirits in any form—especially when rendered very sweet—upon which he became intoxicated whenever he had an opportunity. Whether he discovered the usual development of the other animal propensities, my informant does not know; but he always remained a wild animal in the fierceness of his temper. When playing with lads of his age, the moment his passions were roused in any way, his first movement was to strike them with whatever instrument was nearest at hand. After this partial domestication, they attempted to put him to work: but he showed a truly savage disrelish for labor. He was sure immediately to run away; generally making for the town, where his amusement was to mount on horseback whenever he was allowed the opportunity. Riding was his passion; and he would mount every horse in a livery stable in succession, merely for the pleasure of riding them to water. In other respects he was quick and intelligent. His appearance was rather agreeable and in his favor.

“The training which he received was either unfavorable to good moral development, or it had been originally denied him by nature; for he became quarrelsome, addicted to drunkenness, and not at all a lover of the truth. Consequently, a great deal of doubt and uncertainty must rest upon his history of his early recollections; though they were so often repeated, and so nearly in the same form, as to have gained credence with those among whom he lived. He stated that he had a dim remembrance of coming down the Mississippi with his father's family in a flat boat—that his father killed his mother—and that he fled in terror into the swamps, expecting that his father would kill him also; and that from that time he had subsisted on frogs, animals and berries; living in warm weather among the cane, and in cold weather in a hollow tree.

“It is extremely unfortunate that so few details remain of the domestication and character of Wild Bill; though it is hoped that this imperfect account may call forth from the persons with whom he lived and died, ampler and more satisfactory information respecting him. It is believed that he died when at the age of 18 or 19; that is, near the year 1818, after a domestication of about nine years. Alas! the uneducated and untrained Man of the Woods is but a kind of forked, standing animal, very little superior to what we call the lower animals, and in many respects far below them. And viewing the mass, even in the highest state of freedom and civilization—seeing them so readily and wilfully the victims of their ignorance, their prejudices, and, more than all, their

natural relations (supposing such to exist, as is most probably the case) between the qualities of food, and the impressions made by them on the senses. The original appetite thus cannot be distinguished from the desire connected with the association of ideas, and the influences of habit. We can trace this acquired relish for objects at first almost, perhaps wholly, repulsive and disgusting, in the use of alcoholic stimulants, high-seasoned food, narcotics, as tobacco, &c. Again, in individuals, the most agreeable objects of taste may become repugnant, nay, even unwholesome, from association.

Nature and instinct being thus inadequate to guide man in his choice and preparation of aliment, or rather being subverted by mental influences, habit, &c. he is forced to appeal to experience to afford him rules by which he is to be governed in his food. It is the results of this experience (some better and some worse founded), which writers have given to the world in their volumes on diet generally; and their principal errors have been in drawing their conclusions from too limited a number of facts, and in too minute and subtle distinctions as to the wholesomeness of individual articles.

[To be continued.]

#### CASE OF INSUSCEPTIBILITY TO THE EFFECTS OF MEDICINE.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—The following case, should it be considered novel or interesting, you are privileged to dispose of in a manner most to your satisfaction.

A. H., of middle age, of temperate habits, from the State of New York, on a visit to his friends in Connecticut, felt so much indisposed

own supposed knowledge and illumination—seeing, too, how easily and universally they become the stupid instruments of unprincipled, ambitious demagogues, one is almost driven to adopt the painful and humiliating maxim of Dean Swift, that man is not a reasonable animal, but only capable, under certain circumstances, of becoming such."

"*Note to the above.*—During our residence in Mississippi, we had frequent opportunities of seeing Wild Bill, as he was called; and the above account, with few exceptions, is correct. He was caught in the summer of 1803—and was first seen among a gang of wild hogs, which protected him as one of their number, and with which he associated and slept; and when the dogs were first put after him, his swinish friends formed a circle around to protect him, as they do to guard their weaker ones from similar attacks. The writer is mistaken in respect to his death. He was alive in 1825, and we have not since heard of his death. At that time his mind appeared wholly incapable of cultivation. To an entire stranger, his language was unintelligible, consisting of a kind of gibberish, understood, with ease, only by those intimately acquainted with it; indeed, to us, he appeared almost an idiot. He was an untameable creature, often found around small ponds, catching frogs and eating them raw. It was with great difficulty he could be compelled to wear any kind of clothing or come under restraint.—*Editor Shield.*"

This case certainly approximates much more closely to the *homo natura* than that of Caspar Hauser. Instead of being shut up in a closet with playthings, learning to speak and even to write his name, with his food brought to him prepared and in abundance, our Mississippi Osmon was situated precisely like the wild animals who were his associates. And under these circumstances, we are as to his diet informed that he was at first discovered expertly catching frogs, which he devoured raw; afterwards under a Persimmon tree, eating the fruit: and, lastly, we are told that it was more difficult to overcome his appetite for raw flesh, than to learn him to speak.

We are far from adducing this illustration from any wish to defend the doctrine of Helvetius and others, that man is by nature carnivorous. Deductions of general principles from single or limited instances, have, as was before observed, been the bane of medical reasoning.

that he called on me. On my inquiries, I found that his health had been declining since August last, at which time he called on a physician, who gave him a dose of calomel, and followed it with some mild laxatives. The bowels were obstinate. After the operation, however, he felt relieved, but not well. His indisposition, he thought, was occasioned by excessive fatigue and heat. I prescribed some alteratives, with a view to change the biliary secretions, remarking to him that a mercurial course would in all probability be the most sure, and advised him on his return to call on a physician for that purpose. The day following, I was summoned to see him early in the morning;—found him laboring under the most severe pain in the epigastrium, which was paroxysmal; pulse slow and soft.

Expecting a case of bilious colic, I gave him twenty grains of calomel, and directed that a tablespoonful of castor oil be given every hour, to commence in three. In the evening, I found he had taken nine tablespoonfuls of oil, which had staid down. The pain in the bowels the same. Directed him to take a drop of croton oil in slippery elm, and in half drop doses for the four hours following—and castor oil as the stomach would retain it, with cathartic injections occasionally. I visited him again in the morning, and found him comfortable, pain abated, sitting up, and smoking his pipe. I gave him three drops more castor oil for the day. Visited him again in the evening; patient still comfortable, no motion. Gave him six drops of croton oil for the night, together with seventeen doses of Hull's pills, which in Fairfield county, by the credulous, are considered a specific in like cases. Injections frequent, and drastic—no movement.

Called in the morning, at 10 o'clock; the stomach quiet, not having vomited for the last twenty-four hours. He had taken nine drops of croton oil, together with other physic. I commenced with *Hahnemann doses*—viz. forty grains of calomel and three drops croton oil. Left him nine drops more, to be taken in three drop doses—once in three hours. He took three drops more in three hours, and, sufficient to say, he *discharged after it*, in due time.

The amount of physic taken—one drachm of calomel, fifteen drops croton oil, one pint castor oil, seventeen doses Hull's pills, two ounces salts, two ounces senna; enemata every once in three or four hours, of the most active kind, tobacco not excepted.

*Sherman, Ct. Nov. 9th, 1835.*

D. W. NORTHROP.

N. B.—The croton oil used was of the best quality. The patient got well and returned home.

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#### CASE OF TRIPLETS.

*To the Editor of the Boston Medical and Surgical Journal.*

A MRS. C—, in this vicinity, was recently delivered of three live children; two daughters and one son. If the information will be of any service to those who make an estimate of the average number of double or triple births, you are at liberty to communicate this through the medium of your useful Journal.

A. J. SPENCER.

*Westport, N. Y. November 9th, 1835.*

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**BOSTON MEDICAL AND SURGICAL JOURNAL.**


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 BOSTON, NOVEMBER 25, 1835.
 

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**PRACTICAL PHRENOLOGY.**

SOME of the proof sheets of a new work, entitled "Practical Phrenology, illustrated with Engravings, by SILAS JONES," have been kindly left for our inspection. From the limited opportunity we have had of examining them, we predict a favorable issue. There is much plain common sense pervading the text, which is decidedly more than can be safely said of about one half of the phrenological nonsense that has been palmed upon the world. Mr. Jones is no stranger in the northern States, and has nothing to fear from those who are best qualified to appreciate his services by a personal acquaintance with the man. There are some new things advanced in the book, and many old theories repeated, together with some hacknied facts and stale metaphysical trash, served up so invitingly, and in such good taste, too, that it would be ungenerous not to wish the author success in the sale, and an increased reputation from this sensible exhibition of talent, industry and research.

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**PEPPERELL INSTITUTION FOR THE INSANE.**

To the old conveniences for the medical treatment of the insane, in the picturesque and delightful town of Pepperell, Mass. Dr. Cutter has added another edifice, which is represented to be well contrived within, and beautiful in its architectural proportions externally. From small beginnings, he has finally raised the reputation of his establishment to an enviable distinction. We were informed, a day or two since, that there were twenty-five patients now under his care. This gentleman is admirably calculated, morally and physically, for managing these unhappy and dependent beings. From a long personal acquaintance with Dr. C. we are warranted in saying that he is deserving of all the reputation he enjoys. To the friends of those suffering from the various forms of mental derangement, who are unwilling to place them in regular insane hospitals, located in the environs of the principal cities, we recommend Dr. Cutter's private establishment as eminently entitled to their patronage and confidence.

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**DULL PROFESSIONAL TIMES.**

It so happens, occasionally, that we are exceedingly perplexed. The present week happens to be one of those dull times in an editor's life when he finds it extremely difficult to provide anything new or satisfactory to himself, and therefore apprehends the mortification of wholly disappointing and displeasing his readers, who have been accustomed to something more profitable than the complaints of one for whom they can feel but a remote sympathy. The times are dull for us—nearly all the medical schools in the United States, in which a vast amount of talent is concentrated, being now so actively engaged in daily lectures that we are deprived of the services of many gentlemen who are registered among

our most attentive correspondents. To this it may be added that our exchange journals, both foreign and domestic, are uncommonly barren. These are so many apologies, which we feel it a relief to make in excuse for ourselves, under the pressure of these dull professional times.

*Mass. Charitable Eye and Ear Infirmary.*—At the annual meeting of this institution, held on the last Thursday of October, the surgeons of the Infirmary reported the whole number of applicants for the year ending Oct. 28, 1835, to have been 708. Patients laboring under diseases of the eye, 582; diseases of the ear, 126. Of the 582 cases of diseases of the eye, 442 have recovered; 23 have been relieved; 19 declined treatment; 27 result not known; 17 incurable; 3 removed; 2 not cured; 10 not treated; 39 remain under treatment. The whole number of cases which have been treated since the institution commenced, is 7,530.

*Neuralgic Affection simulating Hydrophobia.*—Dr. McCarthy, of England, records the case of a soldier in the 70th regiment, who experiences regularly, every spring, an attack strongly resembling hydrophobia. When ten years of age, in the month of January, he was bitten in the hand by a dog supposed to be mad. The wound became very sore and festered. After being cauterized by a surgeon, it was tormented by the application of various ointments, but at the end of three weeks it cicatrized. In the following May he was attacked with what was pronounced to be hydrophobia, accompanied with convulsive fits, but recovered in about a week. He has since experienced a similar attack every spring, and sometimes in the autumn, though robust in the intervals. Dr. McC. found the patient bound down to his bed with sheets twisted round his legs, body and arms. He was in a convulsive fit, struggling violently, howling and barking like a dog, and attempting to bite at everything placed near his mouth. A blast of cold air, or the sprinkling him with any fluid, aggravated the fit. This attack, like his former ones, was cured by bleeding and purging.

*Medical Degrees in Dublin.*—The axe has lately been laid at the root of the tree in the old, demi-celebrated medical institution in Dublin, by which it is clearly shown that the board of faculty are a corporation of perfect spongers—squeezing the last shilling from the pockets of those young aspirants for degrees, who have the enduring patience to dance attendance on these high and mighty descendants of *Æsculapius*. Dr. Macartney, the Professor of Anatomy, receives an income of £1400 per annum for his talk, besides a share out of the luck fund. Dr. Stokes, whose critical remarks on many common diseases have been extensively published in this country, has been complained of for having all the questions he asks candidates for degrees, written down. Dr. Allman is represented as a coarse, morose, forbidding medical despot. Mr. Warburton's microscopic observations on the internal condition of the medical schools in England, Scotland, and Ireland, have brought to light a system of gross frauds and imposition, intolerably bad—even beyond endurance.

*"Medical Researches, or original Memoirs in Medicine, Surgery, Physiology, Geology, Zoology, and Comparative Anatomy,"* by Dr. Richard Harlan, of Philadelphia, is in press in that city.

**Operations at Mass. General Hospital.**—On Saturday, the 14th inst. there were two operations. One was for hydrocele, and the other an extirpation of a scirrhus tumor. Operator, Dr. Hayward.

On the 21st, the operations performed were—1st, for purulent ophthalmia, by dividing the vessels. 2d, fistula in ano. 3d, a child about four years of age was operated upon in consequence of the following singular misfortune. The patient, a boy, had been severely burned, and by some neglect (the abrasion being on the right side), the arm, almost down to the elbow, grew to the side of the body. The operation consisted simply in separating this unnatural connection. Dr. Hayward operated in the two first cases, and Dr. Warren in the last case. All the patients appear to be doing well.

M. Vernois lately presented to the Anatomical Society of Paris a section of the facial nerve effected in the aqueduct of Fallopius by an old caries of the bone. The patient had been affected with complete loss of movement in the muscles of the face on the same side, but the sensibility remained intact.

**Geneva Medical College.**—It is said that there are sixty students, the present lecture term, at this institution.

Dr. William P. Dewees has resigned his professorship in the University of Pennsylvania.

**To CORRESPONDENTS.**—Dr. Jewett's Midwifery Cases will be inserted in the No. for next week.

Whole number of deaths in Boston for the week ending Nov. 21, 80. Males, 39—Females, 41.

Of measles, 29—consumption, 9—typhous fever, 4—convulsions, 3—suffocation, 2—dropsy, 3—dropsy on the brain, 3—burn, 1—brain fever, 1—childbed, 1—croup, 1—dysentery, 1—dropsy on the chest, 1—disease in the head, 1—hooping cough, 1—drowned, 1—intemperance, 1—inflammation on the lungs, 1—inflammation of the bowels, 1—infantile, 3—lung fever, 2—old age, 3—quinsy, 1—scarlet fever, 2—syphilis, 1—throat distemper, 1—teething, 1—tumor in the head, 1—unknown, 2. Stillborn, 4.

## ADVERTISEMENTS.

### VACCINE VIRUS.

PHYSICIANS in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—inclusing one dollar. Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless some other mode of conveyance is directed. Ten charged quills, an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely packed in a letter. The gentleman who has undertaken to keep the virus, will faithfully supply that which is positively genuine and recently taken. It will also be furnished on application at the Medical Journal office.

### A STAND FOR A PHYSICIAN.

A PHYSICIAN in the State of Maine, in a pleasantly situated, small, flourishing village, about 25 miles from Portland, wishes to dispose of his stand. Being a very eligible stand, and affording abundant practice, it offers a good opportunity for a physician to establish himself. For further particulars, apply to the Editor of the Journal; if by mail, post-paid. Sept 23—3m

### AN EXCELLENT CHANCE FOR A PHYSICIAN.

A PHYSICIAN in one of the western counties of New Hampshire offers to sell his stand, situated in a pleasant and flourishing village, and no other physician within five miles. For further particulars, inquire of the Editor of this Journal, or of Dr. Richards, of Claremont, N. H. Oct 7

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 124 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. J. V. C. SMITH, M.D. Editor. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy, *gratis*.—Postage the same as for a newspaper.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XIII.]

WEDNESDAY, DECEMBER 2, 1835.

[NO. 17.]

## DR. BELL'S PRIZE DISSERTATION ON DIET.

[Continued from page 256.]

WE apprehend that the point which has been too much overlooked in the researches upon diet, is the greater importance of *quantity*, than kind of aliment. It is on this error, we may premise, the burden of our views and suggestions will be based, having, as we trust, induced our reader to believe that almost all kinds of food are consistent with the health of the human subject, and referred him to sources by which he may convince himself that the longevity of individuals is connected rather with temperance in the amount, than with any peculiarity of his aliment.

Before any inquiry is proceeded in, which may suggest alterations and modifications in the diet of a people, their present actual habits and condition must become preliminary subjects of investigation.

The celebrated French traveller Volney,\* presents the following sketch of the diet of the people of the United States, from observations made during his residence here about forty years since. "Lastly, the government, whilst it directs the attention of the inhabitants of the United States to these objects of domestic concern, should promote their being properly instructed with respect to one of the most essential and most radical causes of all their diseases, I mean their dietetic regimen, which in consequence of their origin, they have derived from the English and Germans. I will venture to say that if a prize were proposed for the scheme of a regimen most calculated to injure the stomach, the teeth, and the health in general, no better could be invented than that of the Americans. In the morning at breakfast, they deluge their stomach with a quart of hot water, impregnated with tea, or slightly so with coffee; that is, mere colored water, and they swallow, almost without chewing, hot bread, half baked, toast soaked in butter, cheese of the fattest kind, slices of salt or hung beef, ham, &c. all which are nearly insoluble. At dinner, they have boiled pastes under the name of puddings, and the fattest are esteemed the most delicious; all their sauces, even for roasted beef, are melted butter; † their turnips and potatoes swim in lard, butter or fat; under the name of pie or pumpkin [pumpkin pie?] their pastry is nothing but a greasy paste, never sufficiently baked; to digest these viscous substances they take tea almost instantly after dinner, making it so strong that it is absolutely bitter to the taste, in which state it affects the nerves so powerfully, that even the English find it brings on a more

\* View of the Climate and Soil of the United States of America. By C. F. Volney.

† This remark of M. Volney reminds us of a later exclamation of a French traveller, "Mon Dieu! what a country! fifty religions and only one sauce—melted butter!"

obstinate restlessness than coffee. Supper again introduces salt meats or oysters : as Chastelux says, the whole day passes in heaping indigestions on one another ; and to give tone to the poor relaxed and wearied stomach, they drink Madeira, rum, French brandy, gin or malt spirits, which complete the ruin of the nervous system."

This vivid statement of the Frenchman, though highly colored, from his indignation at our rude, unsophisticated, or, as he would consider it, unscientific cookery, is evidently based on truth and observation, and holds accurate in the main as to the diet of the New England laborer to the present day. Or at least it comprises those peculiarities which so strikingly distinguish him from the inhabitant of the old world. He yet differs from the inhabitant of almost every part of Europe in having an ample supply of animal food twice, and often three times, a day, the quantity of hot drinks that M. Volney asserts, and perhaps their quality, as well as that crude simplicity of cookery which so much excites the Frenchman's wrath. He has also had, since M. Volney's residence here, a still more general and unfortunate abundance of alcoholic drinks, which, it will be readily allowed, have exercised such a devastating influence on human life in the United States, that a large per centage should be allowed on this account, in the comparison of any tables of mortality of this and other countries.

What is the fact in relation to the health of the inhabitant of New England ? This of course forms a question of the highest importance, indeed we may say, of an almost decisive character, as to his diet. We will make a comparison, as extended as may seem necessary for our satisfaction, of the average number of deaths in the population here, and contrast this with that in some other parts of the world, by which it will be evident, as far as conclusions can be deduced from such circumstances, that the habits of the New Englander, as to diet, approximate *nearer* than those of any other people to the standard of correctness. Below we give the minutæ of detail on which our conclusions are grounded, as we deem it necessary to make out this point specifically ; and though the data on which a judgment in relation to the mortality in New England can be based, are much less accessible than any one who has not made an attempt at an investigation would have supposed, yet enough is here exhibited, it is believed, to render it certain that the annual proportion of deaths is not greater than one in from seventy to eighty individuals.\*

\* Table designed to exhibit the annual per centage of mortality in New England :

Names of Places	No. of years and date	Average of Population	Average of Deaths	Per centage
Alexandria, N. H. - - - -	1. 1822	707	25	1.28
Amherst, " - - - -	39. 1780-1819	1,753	24	1.73
Andover, " - - - -	39. 1782-1821	1,194	11	1.108
Bath, " - - - -	1. 1822	1,498	20	1.74
Boscawen, " - - - -	1. 1823	2,113	38	1.56
*Boston, Mass. - - - -	19. 1813-1831	45,980	1,111	1.41
Concord, N. H. - - - -	30. 1792-1821	2,257	27	1.84
Charlestown, Mass. - - - -	1. 1822	6,591	105	1.62
Deerfield, N. H. - - - -	20. 1802-1821	1,950	22	1.88
Dover, " - - - -	1. 1822	2,871	54	1.53
" " - - - -	1. 1833		59	
Durham, " - - - -	1. 1822	1,538	38	1.40

\* From Dr. Storer's tables in the Medical Magazine.

The following may perhaps be considered as fair a statement as has been computed in regard to the proportionate mortality of different countries. It is abstracted from the report of a very distinguished writer on medical statistics, M. Moreau de Jonnés, which was presented to the French Academy of Medicine at the Séance of July, 1833.

The ratio of mortality is—in Batavia, 1 in 26 ; Trinidad, 1 in 27 ; Martinique, 1 in 28 ; Bombay, 1 in 20 ; Havana, 1 in 33 ; Roman

Table continued.

Names of Places	No. of years and date	Average of Population	Average of Deaths	Per centage
Epping, N. H. . . . .	10. 1812-1821	1,170	16	1.73
" " " " " " " " " " " "	1. 1834	1,158	11	1.105
Epsom, " " " " " " " " " " " "	8. 1815-1823	1,336	16	1.73
Exeter, " " " " " " " " " " " "	14. 1810-1823	2,200	27	1.81
Fitzwilliam, " " " " " " " " " " " "	1. 1822	1,167	22	1.53
Hallowell, Me. " " " " " " " " " " " "	1. 1822	3,000	25	1.116
Haverhill, Mass. " " " " " " " " " " " "	1. 1834		73	
Hanson, " " " " " " " " " " " "	1. 1822	917	32	1.28
Hartford, Conn. " " " " " " " " " " " "	1. " "	4,726	125	1.37
Hopkinton, N. H. " " " " " " " " " " " "	2. 1822-1823	2,437	60	1.40
Kingston, " " " " " " " " " " " "	1. 1822	847	17	1.49
Jaffrey, " " " " " " " " " " " "	1. " "	1,339	14	1.95
Lynn, Mass. " " " " " " " " " " " "	1. 1834		152	
Milford, N. H. " " " " " " " " " " " "	16. 1806-1821	1,180	13	1.91
Nantucket, Mass. " " " " " " " " " " " "	1. 1834		224	
Springfield, N. H. " " " " " " " " " " " "	20. 1802-1822	717	5	1.143
New Haven, Conn. " " " " " " " " " " " "	1. 1822	7,147	144	1.49
New London, N. H. " " " " " " " " " " " "	1. " "	924	13	1.71
Northampton, Mass. " " " " " " " " " " " "	1. " "	2,854	45	1.63
New Chester, N. H. " " " " " " " " " " " "	1. " "	971	12	1.80
New Market, " " " " " " " " " " " "	1. " "	1,063	22	1.49
Swansey, " " " " " " " " " " " "	12. 1810-1822	1,558	19	1.82
Warner, " " " " " " " " " " " "	6. 1817-1822	1,836	25	1.73
Pittsfield, Mass. " " " " " " " " " " " "	1. 1822	2,768	41	1.67
Pelham, N. H. " " " " " " " " " " " "	1. " "	1,040	17	1.61
Newburyport, Mass. " " " " " " " " " " " "	1. 1834		112	
Warner, N. H. " " " " " " " " " " " "	6. 1817-1823	2,246	29	1.77
Worcester, Mass. " " " " " " " " " " " "	1. 1823	6,500	87	1.73
Sanbornton, N. H. " " " " " " " " " " " "	33. 1790-1822	2,626	31	1.85
Plymouth, Mass. " " " " " " " " " " " "	1. 1822	4,384	53	1.82
Weare, N. H. " " " " " " " " " " " "	10. 1813-1822	2,752	28	1.98
Portsmouth, N. H. " " " " " " " " " " " "	2. 1822-1823	7,327	110	1.65
Thornton, " " " " " " " " " " " "	12. 1810-1822	825	6	1.137
Portland, Me. " " " " " " " " " " " "	2. " "	8,531	172	1.50
Salem, Mass. " " " " " " " " " " " "	1. 1822	12,731	225	1.56
Springfield, " " " " " " " " " " " "	1. " "	2,767	43	1.64
Weare, N. H. " " " " " " " " " " " "	1. " "	2,781	20	1.139
Derry, " " " " " " " " " " " "	4. 1830-1834	2,500	25	1.100
Pembroke, " " " " " " " " " " " "	1. 1822	1,256	11	1.114
Francetown, " " " " " " " " " " " "	1. " "	1,479	8	1.184
Exeter, " " " " " " " " " " " "	1. 1834	2,800	28	1.100
Sanbornton, " " " " " " " " " " " "	32. 1790-1823	2,627	31	1.85
Bow, " " " " " " " " " " " "	10. 1812-1822	935	12	1.77
Bradford, " " " " " " " " " " " "	9. 1809-1817	1,176	16	1.74
Brookline, " " " " " " " " " " " "	5. 1808-1812	538	5	1.107
Canterbury, " " " " " " " " " " " "	12. 1810-1822	1,611	17	1.94
Dublin, " " " " " " " " " " " "	6. 1816-1822	1,620	15	1.108
Fitzwilliam, " " " " " " " " " " " "	21. 1802-1822	1,252	14	1.89
Hawke, " " " " " " " " " " " "	10. 1812-1822	421	5	1.85
Hollis, " " " " " " " " " " " "	25. 1793-1818	1,642	23	1.71
Lyndeboro' " " " " " " " " " " " "	10. 1812-1822	1,121	16	1.70
Rye " " " " " " " " " " " "	37. 1785-1822	1,127	11	1.100

States, 1 in 30 ; Old Venetian territories, 1 in 30 ; Greece and Turkey, 1 in 30 ; the Low Countries, 1 in 39 ; France,\* 1 in 39 ; Prussia, 1 in 39 ; Switzerland, 1 in 40 ; Austria, 1 in 40 ; Spain, 1 in 40 ; Portugal, 1 in 40 ; Russia, 1 in 44 ; Poland, 1 in 44 ; Germany, 1 in 45 ; Denmark and Sweden, 1 in 45 ; Norway, 1 in 48 ; Ireland, 1 in 53 ; England, 1 in 58 ; Scotland, 1 in 59.

In several of these countries, which are situated within the torrid zone, ample causes other than those connected with diet, exist for the great ratio of mortality. In others the circumstances of climate, civilization, &c. approximate more or less closely to those of New England. And while in some we must allow a considerable per centage for some peculiarly life-shortening circumstances, such as over-crowded population, burdensome taxation, despotic oppression, &c. we have a right to set up the mortifying claim, that no inconsiderable allowance, as before observed, should be made in the New England computation, for the deaths, occasioned over and above what occur in European countries, by the inordinate use of alcoholic drinks, which it is well known are obtained here at an amount of cost, as estimated by the quantum of labor, unexampled and unheard of elsewhere.

Since, then, the average of health and life (inferring the fact of health from the comparative amount of death, a statement probably true in this connection, though doubtless subject to exceptions in those latitudes and localities subject to malarious diseases, intermittents, &c.) is greater in New England than elsewhere, and as the climate, customs of temperance, &c. cannot be considered as peculiarly or even commonly suited to health, it seems but fair to conclude that the habits of the people as to diet are *as near what they should be*, as those of any part of the world.

The consideration of the degree of bodily vigor, of intellectual capacity, of moral and manly feeling, would be a subject of proud recapitulation to the native of New England ; but so little room for doubt exists as to these in the mind of any one acquainted with their past history or present character, that we may without the imputation of vanity say, that nothing unfavorable to his manner of life, as far as diet has any influence on these characteristics, can be deduced from an examination of our population in this point of view.

Though we thus freely and decidedly avow our belief in the general correctness of the diet amongst us, we cannot lose sight of the fact that there are many points in which it may be improved. This is more especially true in regard to the modes of life of our literary and professional

*Table continued.*

In 20 towns in N. H. and Ms.† in 1806	Pop. 31,328	No. deaths 446	Per centage 1.70
In the State of N. H.‡ by calculation	244,161	3,000	1.81
Towns in Massachusetts§			1.81

\* In France, in 1780, the deaths were annually 1 in 30 ; but during the eight years previous to 1834, 1 in 40, or one-fourth less.

† Med. and Agric. Register for 1807, page 284. The mortality in the various towns in the table is from various sources entitled to credit—N. H. Hist. Collections, Annals, &c. &c.

‡ "The annual average number of deaths in New Hampshire is estimated at about 3000. This number has been obtained by taking the mean annual average of a number of towns in different parts of the State for a series of years, and making a comparison, by the rule of proportion, between these towns and the other towns in the State."—*N. H. Gazetteer*, by Farmer & Moore.

§ "In several towns on Connecticut River in Massachusetts, the annual average mortality for fifteen years is 1 in 81."—*Dr. Brigham. Influence of Mental Cultivation*, page 96.

men ; but as our treatise is confined to the consideration of the diet of our *laboring classes*, the interesting inquiry into the changes demanded for the former cannot be pursued.

Since, then, no radical changes are deemed essential or expedient, an examination into the principal errors in the actual diet of the New England laborer, will determine an answer to the original interrogation propounded. These errors are :

1. Too great a proportion of animal food. Although having at the commencement of our undertaking arrived at the conclusion that the use of animal food, in its prepared state, as employed by civilized man, was neither contra-indicated by his anatomical structure, nor by the evidence of experience, we are still no less willing to admit that one of the most crying abuses in our system of diet is the over-abundant employment of flesh. We place this error in the first rank, not because we are inclined to make that strict line of demarcation between animal and vegetable substances which recent *ultraism* in dietetics would fain prescribe. We are persuaded that too much stress has been put on the abstract consideration of food, as animal, or vegetable ; the former in itself being looked upon as positively deleterious, and not as being the foundation of over-eating, that is, the supplying the system with too great and too rapid accessions of nutritive material. Some of the enthusiasts on this subject seem, both in theory and practice, not so much to have guarded against undue repletion generally, as to have fulminated their cautions and warnings against this one prominent cause of gluttony ; they have freely employed and allowed butter, cream, cheese, eggs, sugar, &c. and other articles of aliment the most highly concentrated in nutritive properties of any we are acquainted with, whilst the smallest quantities of the plainest cooked animal food have been proscribed, and that on reasoning hardly more substantiable than the dogmas of oriental religion, or the dreaming fantasies of Rousseau.

The views which many popular writers on this subject have thrown out in relation to the digestion of animal food, are exceedingly loose and unphilosophical. They speak of it as being so highly *animalized*, that is, so nearly approximating in its composition to the human body, that by implication they must be understood to mean that it is excepted from the ordinary changes of alimentary matter in the digestive organs, and is received into and becomes part of the economy by direct absorption, or by some more summary and expeditious process than that of being resolved and re-composed. Animal and vegetable substances, by the analyses of chemistry, are reducible into the same ultimate elements, oxygen, hydrogen, carbon, and, in most animal and a few vegetable matters, azote. The better opinion of modern physiologists is, that there is no one constant principle of aliments which alone is capable of assimilation. Haller, for example, thought this principle to be jelly ; Cullen that it was oil and sugar, or a combination of these ; Fordyce that it was the mucilaginous portions ; Richerand that it was always gum, sugar, or mucilage. It seems, however, to be sufficiently demonstrated that in the elaboration and formation of chyle, the food is resolved into its original elements, and by vital affinities not well understood, re-composed into the organic structure. Hence whatever is, from its chemical composition and mechanical

structure, susceptible of being decomposed by the organs of digestion, is capable of being applied to the uses of the system. The resistance which different substances offer to this decomposing process forms their degree of digestibility ; their nutritiveness, supposing entire digestion is effected, will depend upon the difference of their elementary composition, and can be deduced only from experience, and not, as yet, from chemistry.\* Animal food, it would appear, directly from the experiments of Dr. Beaumont, as well as presumptively from the observations of former writers, is carried through the processes of digestion in a much shorter space of time than other substances, and the resulting chyle added to the circulatory system with great rapidity. See experiment 26, of Dr. Beaumont,† in illustration of this fact. The residuum left undigested of animal food is comparatively inconsiderable. Hence after the ingestion of this, the quantity of blood is augmented very considerably and very rapidly. This occasions a change in the equilibrium of the circulation, far beyond what would result from the more gradual addition of supplies to the circulating fluids. In the latter case, during the time the chyle was being poured

\* It will be taken for granted that the ordinary views of the processes of assimilation are substantially correct, or at least more true than false, as well as known to our reader; that although there may be many errors, absurdities and inconsistencies in the accounts of this function by our best physiologists, still we have the basis of fact for the great outlines of a system of digestion through the agency of a *gastric juice*. The experiments of Spallanzani, of Tiedeman and Gmelin, of Leuret and Lassaigue, seem to demonstrate the existence and agency of such a fluid.

If there are, and no doubt there must be, many of our American medical men, whose faith in the common system of digestion has been shaken by the talented, ingenious and philosophical treatise of Prof. Smith, of Baltimore, on Digestion [Physiological Essay on Digestion, by N. R. Smith, M.D. New York, 1826], or if there are any who have embraced the later views of a Philadelphia professor [Principles of Medicine, by Samuel Jackson, M.D. &c. Philadelphia, 1833], (which latter supposition is hardly possible, as his ideas are veiled in the Cimmerian darkness of incomprehensible verbosity), the recently published labors of an American surgeon must go far to produce a re-conversion to the olden doctrine.

We allude here to the "Experiments and Observations on the Gastric Juice and the Physiology of Digestion, by Wm. Beaumont, M.D. Surgeon in the U. S. Army," a work composed under circumstances which gave the writer a deeper entrance into the very penetralia of Nature's temple, than has been before accorded to any individual. Although evidently not pursued with that systematic and scientific ingenuity which have characterized the investigations of the French physiologists, still these experiments have a degree of precision in detail, a *vraisemblance*, which, wherever they go, or however long they may exist, will never lose their value, as *facts*. (Opinionum commenta delet dies, naturæ judicia confirmat. *Cicero, de Natura Deorum*.) The author is evidently unaccustomed to experiment for the purpose of book-making, or to warp the results to suit a peculiar theory or a new hypothesis. We shall draw considerably on his volume, for illustrations on what we deem the most important points of a code of dietetics. Dr. Beaumont's now well-known experiments were made on a young Canadian named St. Martin, in whom was a fistulous opening into the stomach in consequence of a gunshot wound. This opening was provided by an expedient of nature with a sort of valve, preventing the escape of the gastric contents and placing the organ in nearly its original state, but capable of being pushed aside in order to admit substances to be experimented upon. The digestion of the individual, and consequently his health, strength, and capacity for labor, &c. were in a natural state.

This case, so interesting and important, is in some respects not unique. For a similar example of fistulous opening into the stomach, the medical reader is referred to the *Elements de Physiologie* of Richerand, Tom. I. p. 202. The same case is also recited in the *Dict. des Sciences Med. Art. Digestion*. The experiments in this instance were comparatively imperfect and unimportant, on account of the broken down state of the patient's health and constitution.

† Op. infra Citato. p. 143.

into the blood, a portion of that fluid would be expended upon the various offices of the system, and the vessels become accommodated to their increased fulness. Nature in the human system abhors sudden changes as much, in truth, as the ancient natural philosophers fancied she did a vacuum. After a full meal of animal food, the action of the heart is soon materially increased, the pulse becoming fuller and stronger; the face is flushed; the brain is oppressed, as is evident from the drowsiness, and the indisposition for mental exertion or bodily exercise; in short, a general disturbance of the constitutional powers is manifested. This excitement has been described by Dr. Paris, as "the digestive fever."

After the lapse of a few hours, in which nature has been busily at work to disburden herself of the load thus cast upon her, through the medium of discharging a portion from the various emunctories, and, as it were, waste-gates and safety-valves, of the system, and fitting the remainder for the various uses of the economy by the agency of the pulmonary, and perhaps other organs, the system arrives at its original level, till it is again called upon to be over-stimulated by too much and too nutrient diet. The fluctuation produced by a quantity of food sufficient only to repair the waste of the system, is something, but not of that overwhelming, destructive character, which gluttony produces; keeping up a constant warfare between the conservative power of the constitution and the intrusion of over-supplies. The springs of life are urged on too fast, by over-stimulation from this cause, in a manner similar or rather analogous to the undue excitement produced by alcoholic stimuli. The excitability of the system is worn out and exhausted.

The effect of a repetition of the excitement of too much nutriment added to the system, is ultimately to give too great a preponderance to the sanguiferous function. Although the plethoric habit of body is to be, and generally amongst the laborers in New England is avoided by their great amount of bodily exercise, the surplus nutriment is disposed of, in a great portion, through organs of great delicacy and importance, the lungs and skin. These are thus called on to execute habitually more than they can perform, without rendering any sudden derangement or stop of their functions a serious interference with the healthy state of the individual. Have we not in this suggestion, conjoined with the changing character of our climate, a key to the prevailing habitudes of morbid action amongst our population? Experience shows that a great proportion of the diseases of New England are diseases of excited action, requiring the employment of the lancet and other depleting measures to an extent unknown and unparalleled in other countries.\* We may account in part for this notorious fact, by considerations of climate, but the constitutional peculiarity or temperament must be mainly ascribed to an over-nutritive and over-stimulating diet. Some further observations on the unnaturally augmented action of the cutaneous and pulmonary transpiratory functions will be added, when considering the influences of hot fluids on the health.

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\* What would a country practitioner in New England (of which unfortunate fraternity, the writer (*horresco referens*) acknowledges himself to be one) think of treating a pleurisy, or enteritis, or any other acute inflammatory disease, after the mild plan of pisans, antimonials, &c. laid down in our medical journals, as practised in the French and other European hospitals!

To what extent a reduction in the quantity of animal food should be made, we believe it is impossible to say with precision ; to lay down any general rule which will meet individual application. The grand principle is, that the quantity of nutritive aliment should be in proportion to the expenditure of the energies of the system by active exertion of body, having in view individual temperament, habits, &c.

This, like all other points of diet, can be solved only by experience. The writer has found, on pretty extended investigation into the habits of the first settlers of the part of the country where he resides, who were pre-eminent for health, longevity and bodily strength (so much so, that a distinguished collector of statistical facts has drawn most of his illustrations and premises on longevity from them\*), that a much less amount of animal food was formerly employed than at the present day. They restricted themselves to two meals, of which meat was a part, per day, the third, or supper, being simply of bread and milk, *hasty-pudding*, &c. almost universally.

The objection which recent writers and lecturers, who advocate the entire disuse of animal food, make to it on account of its being aliment in a too concentrated state, that is, having too small a proportion of indigestible parts, deserves consideration. This objection is generally considered as sustained by the experiments of Magendie and other physiologists, on animals. Dogs, rabbits, &c. fed on oil, sugar, &c. which are almost entirely convertible into chyle, became diseased and died in the course of a few weeks. His conclusion at first was that animal life could not be sustained without the food contained a proportion of azote, which, in the highly nutritive substances he experimented with, was wanting. Subsequent experiments convinced him that his first conclusions were not well grounded, and "induced him," remarks Prof. Dunglison, "to conclude, as Dr. Bostock and Sir Charles Bell have since done, without being aware apparently of Magendie's observations, that variety and multiplicity of articles of food constitute an important hygienic rule." "This," Magendie adds, "is indicated to us by our instincts, as well as by the changes that wait upon the seasons, as regards the nature and kind of alimentary substances."

That the bulk of food, or rather its admixture with indigestible substances, is an important circumstance to a healthful digestion, is a fact long since known and freely admitted. Even the personal experience of the savage Esquimaux has taught him to mix his train oil with saw-dust. The necessity of bulky food is perhaps adequately explained on the view of the influences produced by it on the constitution, when its nutritive proceeds are too rapidly turned into the circulation ;—perhaps something, too, may be allowed for the effects produced by the stimulus of distension, which the stomach, like the other hollow viscera, may require for the due performance of its office. At all events, this objection of too great concentratedness goes only to establish, what at the present day no one would be found to advocate, the inexpediency of an exclusively animal diet.

[To be continued.]

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\* Worcester. *Annals of the American Academy.*



## MIDWIFERY.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—In the twelfth volume of your Journal, page 248, is a communication by A. P. Fuller, M.D. in which he makes some remarks on the speedy and forcible removal of the placenta. Dr. Fuller says, “Since that time (alluding to his first case), I have usually made it my practice to remove the placenta very soon after the birth of the child, by force if necessary.”

This all may be right, if rightly understood; yet if intended to alter the general practice as laid down by modern systematic writers, I think it may mislead the younger part of the profession. An experience of nearly thirty years has led me to the conclusion that force, or haste, are *seldom* necessary for the delivery of the child or placenta; but I know that at times it may be otherwise. I have two cases to present, the treatment of which was as different as their results were unlike.

In 1808, I was called to visit Mrs. C. in a neighboring town, who had been three days in labor with her first child. Four respectable physicians had been in attendance for more than three days, and considered her case nearly hopeless; all except one had left. On examination, the presentation was found natural, the parturient effort frequent and powerful; the parts fully dilated, not rigid. Repeated trial of the forceps had been made, the head had been opened, and there was no apparent good reason why a speedy and safe delivery could not be effected.

After various trials, with much difficulty I succeeded in delivering the head in the absence of all natural pain. After a short respite, I endeavored, during the pain, to bring forward the body, but in vain. My utmost effort of strength, well seated, and my knees resting against the bedstead, was not sufficient to effect a delivery. Assisted by Dr. F. in the absence of pain I at length succeeded in delivering the child. Waiting a short time, and there being no prospect of obtaining the placenta, all pain having ceased, I easily introduced my hand into the uterus, where I found an hour-glass contraction so small and firm that with difficulty one finger could be pressed through by the side of the cord. Never having met with the like before, I withdrew my hand, and in consultation with Dr. F., who was an able and experienced practitioner, it was agreed that he should, without delay, attempt the removal of the placenta by art. He made the trial, and by patient effort of about twenty minutes succeeded in bringing away the placenta entire. It had no adhesion, but was forcibly retained, as was the child, by the hour-glass contraction. No hemorrhage ensued, although the uterus did not now contract very readily or completely.

Our patient having suffered so much and so long, was now animated and cheerful; she took a little gruel, called for her pinch of snuff, and used it. In about half an hour from this time, at her earnest solicitation, she was removed into an easy chair, partially elevated. While here, and we congratulating ourselves on her happy prospects, in about fifteen minutes a change came over her countenance, spasm ensued, a general convulsion followed, and death immediately closed the sad scene.

*Remarks.*—Two essential errors at least were committed in managing the foregoing case after the patient came under my care ; first, the *early* forcible removal of the placenta, when there was no hemorrhage ; secondly, the placing her in a posture approaching to erect. Time, external pressure, friction, &c. ought to have been the resort for the removal of the placenta ; this having failed, the forcible removal *possibly* might have become advisable. When the hand was in the uterus for the removal, internal irritation, with external pressure of the fundus, should have been tried to produce a more equal contraction, as this did not fully take place.

I am one of those heterodox practitioners (if you please to call me so), who do not believe that a retained placenta *necessarily* produces any dangerous or deleterious consequences. I would always wish its speedy exit, and where flooding ensued and continued, should endeavor its removal by force, where other rational means failed. When a woman has been long in labor, much exhausted by pain and irritation, I believe she will with much less hazard of life sustain the loss of a moderate portion of blood subsequent to the delivery of the child, than the immediate, and many times difficult and painful introduction of the hand and forcible removal of the placenta.

The following is a case in point. Mrs. F——, aged thirty years, after having been in travail sixty hours with her first confinement, was delivered of a living child. Little loss of blood followed. She was much exhausted. I made the usual effort to remove the placenta, but was not successful ; pressure, friction, ergot, &c. all failed ; the umbilical cord was very small and tender, the os uteri contracted.

After continuing my efforts for about six hours, there being no parturient action to aid me, I resolved to leave her and trust the event to nature. Her attendants were at once alarmed, supposing that if so left, mortification would necessarily follow. Mrs. F., worn out with pain and completely exhausted, was well satisfied with my reasoning and my determination, being willing to hazard all for the sake of being let alone.

I left her on Saturday evening, about nine hours after the birth of the child, with directions how to proceed if hemorrhage ensued, and to give me early notice. No unusual symptoms or trouble occurred ; there was very little loss of blood, and on Wednesday following, at 2 o'clock, P. M. being four days and two hours from the birth of the child, while evacuating urine the placenta came away, without any assistance. She had a good recovery, and has since borne several children.

*St. Johnsbury, Vt. 1835.*

CALVIN JEWETT, M.D.

## EQUILIBRIUM OF THE PHYSICAL AND MENTAL ORGANS.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—I have thought much of the necessity of certain due proportions between the different parts of the human system, in order to the perfection of *health* and mental manifestation. This pre-supposes the necessity of what may be aptly termed an equilibrium of the mental and bodily

organs. Precocity is one of the disordered states of the system in which this equilibrium is destroyed by the too great size and activity of the brain.

Tendencies to this are sometimes hereditary. Where both parents are highly intellectual, with large heads and nervous temperaments, it is not uncommon for their children to be precocious. The nervous system predominates greatly in early life. The head is then much larger in proportion to the body than it is at a later period. The brain is very soft, and even almost liquid, during childhood, and is largely supplied with blood and grows with great rapidity. This growth may be rapidly and diseasedly increased by great excitement of the brain, as in violently exciting the intellectual or affective faculties. It generally so happens that the children of educated parents are most liable to this sudden growth, both from tendency to excitement, and a course of *training* and attention which produces great excitement. The blood is thrown to the head with increased velocity, and the size of the brain is increased just as is the size of the hand that is constantly used. This is followed by precocity. The child manifests wonderful talents for its age, and its parents and all the family friends are emulous to learn it as fast as possible. Soon the brain that is so constantly excited becomes inflamed and diseased, and the child is, like the fruit that is early ripe, soon destined to return to its elements. I have seen many children of this description who have died, some at two, some five, some ten, and some twelve years of age.

The doctrines of phrenology (that abused science), when properly understood, will enable parents to discover early tendencies to precocity, and enable them to adopt such a course as is best calculated to counteract it.

About a year since a child was brought to me by its mother, that I might remark upon its physiological appearance. The little girl was then nine years of age. Its head was remarkably large, with a small face and an exceedingly delicate nervous frame. When spoken to, it became tremulous, and its cerebral action seemed to shake the whole system. The parents are very intellectual, and move in the first circles, and seem excessively fond of their children. The father afterwards remarked to me, that all he lived for was his children, and that he thought he understood how to manage them pretty well. I happened to know one or two items of this management. The child I am speaking of had learned Latin, Greek, Hebrew, and some of the modern languages—had attended to philosophy in several of its branches, and to music, and in every way had been allowed to go on with her studies to any extent she pleased. The night before I saw her, the mother had taken her to the theatre, and the child had been so much excited by it, that it could not sleep. How long will that little feeble frame support such a brain? It does not require less than one-third of all the blood of the system to sustain it. The child yet lives; and long may it live, is not only the parents', but my earnest prayer. But prayers will not be answered, when we go on in violation of natural law. Suppose such a child should take a cold and a fever should follow, how slight would be its chance of recovery!

I mention this as but a single case out of many. I was in the study

of an artist in one of our cities a short time since, and saw the pictures of no less than five precocious children, all taken within the two preceding months, and after death! To see an individual in middle life, who was precocious when a child, would be one of the most rare occurrences in my life. But precocious *children* are to be seen daily. Why will not parents study the natural laws? Let them *study* Dr. Combe's little work on the Principles of Physiology applied to the Preservation of Health and the Improvement of Physical and Mental Education. I say study—mere casual reading should not suffice. It is one of Harper's Family Library, and costs but fifty cents. It should lay on the mantle-piece or the centre table, to be taken up daily and digested by piecemeal. Dr. Brigham's little work on the Influence of Mental Cultivation upon Health, is also a valuable book, and not liable to the objections which we are constrained to make against his late work, "The Influences of Religion upon Health."

J.

*Boston, November, 1835.*


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## BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, DECEMBER 2, 1835.

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### MEDICAL SOCIETY OF NEW YORK.

In the November number of the U. S. Medical and Surgical Journal, is a condensed history of the Medical Society of the great State of New York, which cannot be otherwise regarded by the profession than an important document. To us, who have no personal interest in the constitution or operative By-Laws of this institution, a journal of the business transactions of a neighboring Society, whose protecting influence is felt in every city and town where its jurisdiction is extended, becomes a valuable book of reference. Without just such a bird's-eye view as the one before us, the origin and progress of the Society would soon become obscured by the increase of business and the accession of a multitude of members, distributed widely over a large extent of country.

It is a prodigious fault in this country, that incorporated literary societies are disposed to show the world no favors—and in looking back upon the doings of many new fledged institutions that promised extensive benefit to mankind, nothing has been heard from them since the day of their incorporation, worth recounting. Instead of regularly and systematically publishing, minutely, a journal of each sitting, which by courtesy, at least, they are bound to do, the most that the vulgar eye ever discovers is the mere evidence, about once a year, that an annual meeting is notified in some weekly paper.

Our medical societies, above all others, have been woefully negligent in exhibiting the results of conclave labors. Regularly drawn up papers, squared, planed and varnished for a great occasion, march into the pages of a blue, board-bound, slovenly-stitched volume, occasionally—and down they go into the dust, for the future excavation of posterity; but so little is known of what is done, and how, that a revolution is demanded. Though an age of anti-ism, medical men, of all others, should have nothing hid-

den. We like to know who was chairman, who were present, what was said, who were honored, and who deserved better treatment than they found. This is the true English, French and German mode of conducting public medical assemblies; and they flourish, because every person of character, even though without the pale of the profession, is made acquainted with the learning, eloquence, ingenuity and respectability manifested in the minute details which are presented to the people, through the press. Contrast with this, the mode pursued in some of the States. A printer might solicit permission to publish the ordinary records of an evening meeting of a score of the most learned savans in the Union, till his hair became frosted by age, without succeeding—and simply because a false estimate is placed on their value.

The journal of the Medical Society of New York is precisely the kind of paper that every similar association should furnish to its members. Indeed, as a whole, it is admirable. You may know by it the week, and almost hour, each event occurred, from the day of its incorporation to the present time. Instead, however, of imposing the trouble upon the editor of the Journal to follow out the records in detail, a pamphlet, published annually, at the Society's expense, precisely like the one before us, would have met the entire approbation, doubtless, of all the physicians and surgeons belonging to the Society. As it is, they get it for almost nothing—without thanking the gentleman for his pains.

It is desirable that the Medical Society of this Commonwealth should publish its business journal, from the books, minutely. It would have a wonderfully spirit-stirring effect. Beside very much obliging Fellows who cannot always be present, gentlemen abroad would probably derive pleasure and satisfaction from it.

For ourselves, we feel under personal obligation to the editor of the Journal referred to, for the good example he has set forth for all other medical societies.

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#### THE ABRACADABRA OF THE NINETEENTH CENTURY.

SOME weeks ago, we gave a passing notice of a book, published in New York, entitled "*Remarks on the Abracadabra of the nineteenth Century; or on Dr. Samuel Hahnemann's Homœopathic Medicine, with particular reference to Dr. Constantine Hering's Concise View of the Rise and Progress of Homœopathic Medicine, by William Leo-Wolf, M.D.*" with a full intention of entering more into particulars at some convenient day. After another examination of the work, we are free to say that much curious biographical knowledge, touching the king of quacks, Hahnemann, may be found in it, which does not exist in any other English book, in connection with other miscellaneous matter, both new and curious to an American reader. There is, however, a glaring fault, pervading the whole, which could not have been anticipated in the critical writings of a German philosopher. We allude to the entire want of method in the arrangement of the subjects presented to the public. There is neither, strictly speaking, a beginning or an end; the author never rested till he had actually produced two hundred and seventy-two closely printed octavo pages, beside marginal notes of frightful dimensions. A sub-division into chapters, at least, and a copious index, would have obliged the whole fraternity of medicine.

With regard to the merits of the performance, it is still difficult to de-

cide. A more popular form would have given it a more extensive circulation, and it would unquestionably then have fallen into the hands of those who are exclusively the dupes of charlatanical knaves. As it is, none but physicians would think of taking it in hand, and a few, only, of that class, we opine, will ever be at the trouble of giving it a thorough perusal. To countervail the determined force of empiricism, acting in full vigor in these devoted States (the strong hold of every adventurer in nostrums), the press should aim to guide the ignorant. Physicians and surgeons require nothing to keep alive a deep-rooted sense of indignation towards the lawless wretches who thrive just in proportion to the havoc they make with the health and purses of their infatuated followers. We perceive that disciples of Hahnemann have opened their batteries here, which nothing short of intelligence can oppose. Dr. Wolf intended a fatal blow to their success, but, to our infinite regret, has entirely failed. Were he to compress to half the present size, and then make the remainder intelligible to common understandings, his ostensible object would speedily be obtained.

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#### BURIAL OF THE DEAD IN CITIES.

For successive years, we have endeavored to impress upon the public mind the extreme hazard of suffering the dead to accumulate in the various cemeteries and tombs of this densely inhabited city. Not wishing to urge the mere declaration of an individual opinion, that the practice was one fraught with future danger to the health of the inhabitants, authentic cases have been cited from time to time, which have proved, beyond the shadow of doubt, that the thousands of bodies in various stages of animal decomposition, in Boston, must have a decidedly deteriorating effect on the air that is breathed and the water that is drunken by the people. No perceptible evil growing out of this reprehensible custom, has yet been discovered :—that is, a pestilence has not been generated in the damp, gloomy receptacles of the decaying dead, under the churches ; but in process of time the poisonous vapors will escape, charged with a message of death to whoever happens within the sphere of their noxious influence.

We are not ignorant of the ingenious arguments advanced in favor of the continuance of the nuisance ;—but all the facts, in the history of old European cities, establish, incontrovertibly, the position, that human life must be abridged by inhaling the contaminated atmosphere of a region in which putrid animal remains are continually accumulating. Though nature endeavors, by unobserved processes, to preserve the balance of power in favor of the living, in a compact city, she cannot always compete with civilized man, who gathers into frightful masses the changing bodies of thousands upon thousands—faster than the mephitic gases can be wafted from the horrible recesses in which they are elaborated.

In the city of Boston, the evil day is coming when the short-sighted policy of our forefathers will be felt in this respect, in all its destructive character and tendencies. But the wonder is this,—why are burials still permitted within the precincts of the old city ? Look at the churches, and those, too, most centrally located, in whose arched vaults are progressively mouldering into dust, a larger multitude than crowd the aisles above—who are unconscious of the gloomy spectacle beneath their feet, or of the tainted air which they inhale.

No burials should hereafter be permitted within the city ; and were a

health police regulation of this kind rigidly enforced henceforward, a hundred years would be none too long a period for purifying the places where so many bodies have joined their mother earth. Though no expectations are entertained of inducing the municipal authorities, by these remarks, to interdict interments within the limits of Boston, we cannot refrain from giving a warning voice—with a hope that some prospective good may result from it.

Every city in the United States, unfortunately, has tolerated the same bad custom; but in none of them are the citizens so circumscribed and compact, as in Boston—we repeat it, therefore, that unless the whole system is abandoned, and the churches are freed from the corruption that now reigns within their hallowed walls, there is reason to fear that a future generation will suffer by our neglect.

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#### MEDICAL COMMENCEMENT.

**GRADUATES** of the Berkshire Medical Institution will receive their diplomas this day. We understand there are thirty-two candidates. The term has been one of unusual interest. The lectures of Dr. Bartlett on Pathological Anatomy are well spoken of by the students. He is a man of sterling acquirements, whose usefulness in the chair he at present occupies, promises well for the future reputation of the School. Dr. Childs, always fortunate in teaching the Theory and Practice of Medicine, has given peculiar satisfaction to a large and intelligent class of students. We are also happy to learn that Mr. Frizzle, the Demonstrator of Anatomy, has made himself exceedingly useful to those engaged in the dissecting room. Dr. Parker will immediately join the class at Geneva, where he holds the professorship of Anatomy and Physiology.

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**Treatise on Smallpox.**—A new edition of our friend Dr. Fisher's beautifully executed illustrations of the smallpox and varioloid, is on sale at the principal bookstores. We consider it in the light of an indispensable book of reference, by which the physician may at once detect those diseases. Objections have been made to the price, but unjustly. The cost of engraving the plates, alone, was not far from eight hundred dollars. When to this, is added the expense of coloring them, and printing the text, no man in his senses could reasonably object to paying ten dollars for the best treatise in our language.

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**Lectures on the Brain.**—We learn that the lectures on the brain of man and other animals, before the Phrenological Society, were well received. Some of the drawings used in the demonstrations were excellent, on account of their great size—enabling those in the farthest part of the hall to see each part distinctly. The Society's collection of plaster casts, now lodged in a basement room of the Masonic Temple, is well worthy the especial visitation of gentlemen visiting the city. No other museum is thought to compare with it in this country.

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**Feuds among Physicians.**—A gentleman in a country town, where there are five practitioners of medicine, no two of whom can speak civilly together, desires to know how one hundred can live in Boston without

quarreling? Answer. In the first place, every physician in the city is considered a gentleman, till he shows himself to be otherwise. Secondly, each one devotes himself exclusively to his own individual business. Thirdly, they have nothing to quarrel about.

**Massachusetts General Hospital.**—There were two important operations at the Hospital on Saturday last. One was for an aneurism of the brachial artery of the right arm. The patient was a stout, hale man, of about 40, who made no complaint whatever. We hear he is doing well. Dr. Hayward operated.

The second was in consequence of a dreadful compound fracture of the right thigh bone and knee, in a boy, not far from twelve years old, who was accidentally run over a few days before by a fire engine. The wound was enlarged, through which the condyle previously protruded, and the bone sawed off about two inches and a half above the joint—thus completely taking away the upper half of the articulation. We hope to be furnished with a history of this interesting case to its final termination. Dr. Warren was the operator.

**Smallpox.**—One case has occurred, recently, at Woonsocket Falls, R. I. A brisk vaccination was forthwith commenced by the physicians of the place, who have doubtless circumscribed the disease, ere this.

Whole number of deaths in Boston for the week ending Nov. 28, 46. Males, 21—Females, 25.

Of measles, 10—typhous fever, 3—bowel complaint, 2—lung fever, 2—scarlet fever, 1—infantile, 4—consumption, 7—dropsy on the brain, 2—unknown, 1—inflammation of the bowels, 1—croup, 2—convulsions, 1—inflammation on the lungs, 1—dropsy, 1—drowned, 2—hooping cough, 1—burn, 1—bleeding at the lungs, 1—intemperance, 1—stoppage in the bowels, 1.

## ADVERTISEMENTS.

### MEDICAL SCHOOL OF MAINE.

THE Medical Lectures at Bowdoin College will commence on *Monday*, the 22d day of February, 1835.

Anatomy and Surgery, by JESIDIAH COBB, M.D.

Theory and Practice of Physic, by WILLIAM PERRY, M.D.

Obstetrics and Medical Jurisprudence, by JAMES MCKEN, M.D.

Chemistry and Materia Medica, by PARKER CLEVELAND, M.D.

The *Anatomical Cabinet* and the *Library* are annually increasing.

Every person, becoming a member of this Institution, is required *previously* to present *satisfactory* evidence that he possesses a good moral character.

The amount of fees for the Lectures is \$50. The Lectures continue three months.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September.

Brunswick, November, 1835.

N18—Steop

P. CLEVELAND, *Secretary*.

### MEDICAL TUITION.

THE subscribers have recently made some additional arrangements for the instruction of medical students. A suitable room is provided, as heretofore, for the use of the pupils; the necessary books are supplied, and a systematic course of study is recommended. Personal instruction is given to each pupil in each of the several departments of medical knowledge. Every facility is provided for the cultivation of practical anatomy, which the present improved state of the law permits. This department will receive the constant attention of one of the subscribers, who will always give such aid and instruction as the pupils may need.

The pupils have free admission to the lectures on Anatomy, and on Surgery, in the Medical School of Harvard University, and to all the practice of the Massachusetts General Hospital; and generally they have opportunity to attend private surgical operations.

The terms are, 100 dollars per annum; to be paid in advance.

JOHN C. WARREN,  
GEORGE HAYWARD,  
ENOCH HALE,  
J. M. WARREN.

Boston, October, 1835.

Oct 28—Steop

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. J. V. C. SMITH, M.D. Editor. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy, *gratis*.—Postage the same as for a newspaper.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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[NO. 18.]

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## ON MENTAL EMOTION AS A CAUSE AND CURE OF DISEASE.

BY JOHN SCOTT, M.D. FELLOW OF THE ROYAL COLLEGE OF SURG.

It is not my intention to enter into the wide and interesting field of speculative inquiry, which forms the subject of the following cases; my object is to briefly detail three instances of disease produced apparently by mental excitement. It may sometimes be useful to describe cases which, though not of great importance in themselves, may lead to the communication of interesting and valuable information from experienced members of the profession.

1. *Instance in which a convulsive affection was produced apparently by panic.*—A boy, about 10 years of age, residing in the High Street, was brought home in a state of insensibility. I saw him a few minutes afterwards. The countenance, hands, and arms, were of a dusky blue; the skin cold; the pulse at the wrist scarcely perceptible; the heart acting very feebly; slight convulsive motion in the lower extremities at intervals. He was found lying in this state at the head of a close, insensible and vomiting.

A vein was opened in the arm, from which a few drops of very dark-colored blood flowed. Heat was applied to the legs and body, and a mustard emetic poured down his throat. This soon excited free vomiting. The blood flowed from the arm in a fuller stream, and the patient showed signs of reanimation. Slight convulsions continued, but in about two hours he was much recovered. When I saw him next day, he was nearly well, and complained only of his head, but he had several attacks of a similar kind, though less violent in degree, during the night.

Upon investigation, it was satisfactorily ascertained that a butcher's boy had run after him with a knife, threatening to kill him, when he dropped down in a state of insensibility. He had not been previously affected with fits of any kind. As the case occurred immediately before the appearance of cholera in Edinburgh, it excited considerable alarm, as the symptoms were thought by the by-standers to resemble those of that disease.

2. *Case of fatal inflammation of the Membranes of the Brain induced by panic.*—A fine intelligent girl, aged 8, became a dispensary patient on Saturday, the 31st April, 1827. I saw her about 1, P. M. and received the following history of her complaint. On Thursday evening, she received a fright, and was seized with violent shivering, and during the night complained much of pain in her head, which prevented her from sleeping. On Friday her sight and hearing were observed to be affected.

When I saw her, she was moaning occasionally, had several slight shiverings, and seemed to be insensible, as she did not answer when spoken to. The eyes were bright, the pupils moderately contracted, and sensible to light, though the eyelids did not shut on the approach of the finger; the features were natural; the pulse quick and irregular; she raised her hand to the head occasionally, as if to remove something that incommoded her. At short intervals she had a slight shivering or rapid muscular contraction of the whole body, accompanied by moaning; at other times she lay quiet. The jaws were firmly clenched; the heat of skin moderate; and the head warm, with great vascular action. No passage had taken place from the bowels since the attack came on.

I ordered calomel powders and turpentine injections every third hour. A few ounces of blood were taken from the arm, and twelve leeches were applied to the head.

Sunday.—The features were collapsed; the *ala nasi* distended; general restlessness and shiverings, more approaching to slight convulsions; eyes dull; pupils not dilated; complete insensibility to light; pulse remarkably quick and weak; arterial action over the temples and forehead strong; bowels opened very freely by the medicines; a blister to the neck; cold applications to the shaven scalp, and the calomel and injections continued. She grew worse during the night; was seized with violent convulsions, and died at 5 on Monday morning.

About twenty-nine hours after death, I examined the head. The countenance was placid; the lower jaw firmly fixed; the pupils moderately contracted; and a little foam was observed at the corners of the mouth. The head was large; the superficial veins large; the skull uncommonly dry and bloodless.

The *dura mater* was natural externally; its internal surface very red on the anterior and superior part, exhibiting both the ramiform and punctuated redness. When removed, the appearance presented was very singular. It seemed at first as if the whole superior surface of the brain was covered with a layer of light yellow purulent matter; but this was found to arise from a firm deposition of coagulable lymph below the arachnoid membrane.

The arachnoid was extremely dry, presenting its usual bloodless appearance, the yellowish lymph shining through it; but though extending from the frontal protuberances to the *occiput*, it was not uniform, the membranes retaining their usual color and appearance. The arachnoid, lymph, and *pia mater*, could easily be stripped from the brain, which in some small points was softened; in others, when the lymph was removed, was found covered with very numerous small red spots. The lymph was not merely spread over the surface of the brain, but entered between the convolutions, evidently proceeding from the *pia mater*, which was loaded with innumerable vessels.

The membranes of the basis of the brain, though redder than natural, were free from lymph, except around the optic nerve, where it was again visible. The *plexus choroides* was turgid with blood. The brain itself, with the exception of the softened parts already mentioned, was healthy. There was very little serum in the ventricles.

A considerable quantity of milky *serum* flowed from the spinal canal.

3. *Case in which symptoms of Chorea were excited by fear.*—Miss B., aged 13, a fair slender girl of nervous temperament, came home from school in a state of considerable agitation, which she attributed to a quarrel between two boys in the street, which had greatly terrified her. In the evening it was observed that the left arm had an involuntary motion, which increased so much in a few days that she could not hold anything steadily, or carry it to her head. The bowels were found to be loaded, and the alvine discharges dark-colored and offensive. Laxatives were regularly and rather frequently administered. She was taken from school and ordered to be as much in the open air as possible. Opiate frictions were applied along the spine, and the body sponged with vinegar and water. The disease, however, continued to increase, and in ten days it was observed that she dragged the leg in walking. The purgative plan was persevered in till the alvine secretions were improved. The head and neck were also affected. The countenance now looked clearer, and she felt better; but there was rather an increase than abatement of the affection.

Sulphate of quinine, and afterwards the oxide of zinc, was given. The latter medicine, however, after two or three doses, always produced a peculiar kind of sickness, by which she recognized it, however disguised. After a trial of several other remedies, four drops of the arsenical solution were given three times a day.

She was then sent to the sea-side, and used the cold bath. This, however, did not agree with her, as the convulsive motions were always increased after its employment. It was, therefore, omitted, and cold sponging substituted. In about three weeks she was nearly well, and the irregular motions in the leg had entirely ceased. They still continued in the hand, but in a slight degree. The arsenical solution appeared to produce no unpleasant effect. The appetite and strength increased under its use, and it was continued for some time after the disease had disappeared. The whole quantity given was two ounces. She left town in perfect health.

This case is interesting from some of the circumstances attending it. I was at the time visiting a younger sister, and observed that Miss B. was looking ill, pale and emaciated. On inquiry, the bowels were found to be loaded, and the discharges dark-colored. Having come to town for education, I found she was employed in classes from nine to three, P.M. besides preparing in the evening for the lessons of the next day. I advised that two additional hours should be devoted to exercise, but before this had time to produce any effect, a cause which, under more favorable circumstances, would have passed unnoticed, produced in her deteriorated state of health an attack of *chorea*.

4. *Case in which the symptoms of Epilepsy were prevented from recurring by apprehension.*—The cases in which Boerhaave prevented the attack of imitative epilepsy by the threat of the hot iron, are well known. A similar result followed in the ensuing case.

J. S., 8 years of age, was brought from Glasgow, for medical advice. He had been affected for nearly a year with fits, which were considered

as epileptic. They had at first occurred at considerable intervals, but for some time past were very frequent, sometimes three or four in a day. The head was large, the veins of the temples and forehead particularly distended. He was considerably emaciated; the abdomen tumid; the skin rough, dry and scaly; appetite irregular. Several medical men had been consulted, but from the persistence of the affection, it had been considered as depending on a diseased state of the brain. A full detail was furnished by his medical attendant, from which it appeared that various means had been used, more particularly nitrate of silver. On the journey to Edinburgh he had three or four severe attacks, which, from description, had the epileptic character. I saw him in the evening, and ordered some laxative medicine, and met Dr. Abercrombie in consultation next morning. On finding the evacuations lumpy, fetid, and clay-colored, we determined to try the effect of turpentine, which was given in half-drachm doses three times a day. This acted freely on the bowels; and during the three weeks he was under our care, he had no fit, and his health and strength improved. I accompanied the family part of the way on their return to Glasgow, and an accident occurred, which his parents assured me would at a former period have infallibly produced an attack, but it passed over with merely a fit of crying.

Shortly after his return, I was sorry to hear that the fits had returned, though in a much slighter degree than formerly, and were threatening to become frequent. The medicine was continued. The fits were eventually prevented by imitating Boerhaave's expedient. The servant girl mentioned to his mother in his hearing, that, in her country, she had heard of people cured of fits by means of a red hot iron applied to the feet during the fit. She was desired to have it in readiness; but there was no occasion to try it, for no fit ever returned. The fear of the remedy effectually prevented their recurrence.

Here it was obvious there was no organic affection; and the disease was kept up by habit. In fact, the change in the first instance from Glasgow to Edinburgh seemed to have considerably interrupted the habit.

#### DR. BELL'S PRIZE DISSERTATION ON DIET.

[Continued from page 268.]

THE next prominent error in the diet of the New Englander, running into and intimately connected with that which has just been considered, is the too abundant use of food generally.

Many of the weighty objections to an undue use of animal food will equally apply to the excessive ingestion of an ordinary mixed diet, and therefore no more need be urged, as to the general effects produced on the system by over-eating. It is hardly necessary to observe that there can be little probability, perhaps scarce a possibility, of injury being done to the system by plethoric repletion, if the aliment is confined wholly to vegetable substances. And we may observe, *en passant*, that we know of no objection to the sedentary, who have few calls upon the excitability

of the bodily system, making their diet exclusively vegetable, provided their digestive organs are equal to the labor of converting the requisite amount of this nutriment to the wants of the economy. Indeed to those of this class, possessing little command over their sensual propensities, the entirely abstaining from animal food may be advisable.

We shall regard this branch of dietetic error only as to its influence in producing derangement of the digestive organs ;—its evil effects, to be sure, soon become general or constitutional, but in a different manner from those before mentioned. The human stomach is capable of mastering or converting to the uses of the system only a certain portion of aliment. The rationale of this fact, so long known to observers and physiological writers, was never clearly explained until the experiments of Dr. Beaumont proved conclusively, that the gastric fluid ceased to be secreted beyond a certain limit, however much food might be taken into the stomach ; and that this secretion was analogous to a chemical agent in its action on the food, combining with a definite proportion only, becoming saturated and inadequate to produce any further effect. Consequently all the food, beyond what was required to neutralize the gastric juice secreted, remained in the stomach to act as a foreign irritating body, running into the common chemical changes and decompositions of animal and vegetable matter subjected to a warm temperature, as fermentation, the extrication of gases, &c. The product of such changes acting on the extremely delicate and irritable surface of the stomach, could hardly fail of destroying its integrity of function. The effects of food left undigested in the stomach of the individual who was the subject of Dr. Beaumont's experiments, were speedily marked and of a most decided character. Though in this, as in all other cases, too decided generalization should be guarded against from a single case, we may yet observe that facts deduced from his experiments on St. Martin prove as much as single facts ever can do, as that individual's health, strength, exercise, habits, &c. were much like those of the average of our population.

"After excessive eating or drinking, chymification is retarded, and although the appetite be not always impaired at first, the fluids become acid and sharp, excoriating the edges of the aperture [i. e. the accidental opening through the parietes of the stomach] ; and almost invariably produce aphthous patches and the other indications of a diseased state of the internal membrane, mentioned above. Vitiated bile is also found in the stomach under these circumstances, and flocculi of mucus are much more abundant than in health."\*

The first experiment performed on St. Martin (*Op. Cit.* p. 126), abundantly confirms the opinion that undigested portions of food in the stomach, produce all the phenomena of fever. A piece of raw, unmas-ticated beef, remaining of a considerable quantity of aliment which was duly assimilated, occasioned considerable distress, uneasiness, and finally pain in the stomach, general debility and lassitude, pain in the head, costiveness, depressed pulse, dry skin, coated tongue, and numerous white spots or pustules resembling coagulated lymph, spread over the inner

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\* Experiments, page 108.

surface of the stomach, and requiring the exhibition of medicine to relieve these symptoms.

The restorative powers of the constitution will not always resist the inroads of this enemy, excessive eating, but must ultimately succumb either by yielding up the stomach to dyspeptic disease, or by transferring the influence of morbid irritations to other organs. The first inquiries, in understanding the full meaning and force of any dissuasions from the use of too much aliment, would seem to be, what is excessive eating? what is too much food? when and how shall it be determined that enough has been taken for all the necessities of the constitution, and not too much? All will agree upon the evil effects of gluttony and excess. The scholar might trace through the records of general and medical literature, and never cease to find maxims and essays against too much eating. Yet the standard of temperance in this indulgence remains still an uncertain, indefinite point.

Some writers on dietetics, looking upon it as a vain endeavor to establish any rule, by which the just measure of food can be determined by any internal sensations, would reduce the stomach of all individuals to a Procrustean measure, and decide upon the quantity by scales and weights, pints and pounds. Others, again, as Fordyce, Fothergill, Paris, Phillip, &c. believe that a kind of internal monitor exists, viz. the first feeling of satiety, whose warnings, if duly observed, are enough to govern the individual safely.

The attempt to regulate food by weight and measure we look upon as the height of absurdity, at least for the healthy laboring man. The wants of the human constitution vary in every individual, no doubt, as much proportionably, as the stature, the pulse, the quantity of air respired, &c. Besides this original constitutional difference, the circumstances of habits, exercise, climate, &c. must give rise to no inconsiderable diversity.

The great indication which we believe is to be aimed at, by those who would pursue the happy mean between asceticism and gluttony, who would enjoy "the hidden essence of epicurism," was discovered a century since by Dr. George Cheyne.\* It is this:—"A constant endeavor after the lightest and least of meat and drink a man can be tolerably easy under, is the shortest and most infallible means to preserve health, life, and serenity." The criterion before referred to, that of watching the point of satiety, as it has been called, at which enough food has been taken, is, we believe, of value, but subject to qualifications of several kinds. 1. It will not apply to the case of dyspeptics;—in them the feeling of hunger is often morbid. The appetite exists far beyond the power of digestion. 2. It is deceptive when a variety of alimentary substances are presented to the appetite, or the stomach is pampered and stimulated by condiments, over-refined cookery, &c. Independent of that natural hunger which produces a craving for food, a sensation of appetite depends on that association of ideas which connects the satisfying the desire with pleasurable sensations; hence when the point of satiety is reached as to one variety of food, the desire of taking more is reproduced

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\* On Diet and Regimen.

on a new and palatable kind being presented, and this perhaps for a third or even a fourth time.

3. It does not hold true in cases where mastication and deglutition are performed too rapidly. The proper object of eating is to convey to the stomach just food enough to neutralize the gastric juice which may be formed. If the food is thrown into the stomach hastily, this point is overreached, and consequently a quantity of undigested aliment is left in the organ.\* It will not apply to the sedentary, in whom the equilibrium of the constitutional powers cannot be maintained, if the sanguiferous system is overburdened, as must occur from full feeding, without exercise. We consider that the laboring man is best consulting his health and strength of body, when he takes for his guide in his aliment this general rule:—to use an admixture of both animal and vegetable food, but of no great variety of either;—to eat slowly, both with a view to proper mastication and to prevent excess; and lastly to finish his meal on the first sensation of having taken enough. We give in the language of Dr. Beaumont what meets our ideas, in regard to this long sought point of satiety. "There seems to be a sense of perfect intelligence conveyed from the stomach to the encephalic centre, which in health invariably dictates what quantity of aliment (responding to the sense of hunger and its due satisfaction), is naturally required for the purposes of life, and which if noticed and properly attended to, would prove the most salutary monitor of health, and effectually preventive of and restorative from disease. It is not the sense of *satiety*, for this is beyond the point of *healthful* indulgence, and is nature's earliest indication of an *abuse* and *overburthen* of

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\* While we thus add our mine of opinion to corroborate the common view, that dyspeptic derangements have a fertile source in the abuses to which the stomach is subjected, we would enter our positive dissent against this being considered their only considerable cause. There are other abuses of organs connected with or influencing those of digestion, which deserve to come in for a full share of that blame which has been too indiscriminately cast upon the latter. We have been struck with the force and general truth of some views on this subject, published in a little work, by Dr. Brigham, of Hartford, "On the Influence of Mental Cultivation on Health." He perhaps falls into the common error of exclusiveness, which seems the almost universal propensity of medical philosophers. They, knowing no mean, run from Scylla to Charybdis; in establishing their own views, they seem determined, with a few exceptions, to acknowledge "no divided empire."

—Sunt certi, denique, fines  
Quod ultra, ultra que, nequit consisten rectum.

"Dyspepsia," he remarks (p. 103), "is generally considered a disease of the stomach. But I apprehend that in a majority of cases, especially among students, it is primarily a disease of the brain and nervous system, and is perpetuated by mental excitement."

"Good living is said to cause dyspepsia; but the most healthy people I have ever known have been among those who lived well, who eat freely several times a day of the most nutritious food. By some it is said that tobacco, snuff, tea, coffee, butter and even bread cause this complaint; but whoever will make inquiries on this subject throughout the community, will find that this is seldom true. In fact, dyspepsia prevails, according to my experience, altogether the most, amongst the very temperate and careful as regards what they eat and drink and the labor they put upon the stomach, but exceedingly careless how much labor they put upon that delicate organ, the brain."

"Finally, if dyspepsia is a disease of the stomach, why is it not more frequently cured by attention to diet, than it is? I know that by this method some are relieved, and I also know that those disposed to dyspeptic disease, will not be able to continue their severe studies, if they are not careful as respects diet. For if the vital energy is all directed to the brain and consumed by the act of thought, the stomach will not be able to digest much food."

her powers to replenish the system. It occurs immediately previous to this, and may be known by the pleasurable sensation of *perfect satisfaction, ease and quiescence of body and mind*. It is when the stomach says *enough*, and is distinguished from satiety by the difference of the sensations—the former feeling *enough*—the latter, *too much*.”\*

Distinctly connected with this point of dietetics, is the consideration of the next great error in the mode of life of our people, which is too slight mastication and too hasty deglutition.

The process of mastication has the double and important offices of comminuting or dividing the aliment, and mixing it with the secretions of the salivary glands. Both of these processes have been dwelt upon by authors, as of high moment in the digestion of food, especially the last mentioned. By some it has been considered that the admixture of the saliva is a vital process in digestion. Dr. Paris† speaks of the food being intimately mixed and combined during mastication “with a chemical solvent, which prepares it for the process it has shortly to undergo in the stomach.” And again, “the introduction of saliva into the stomach is obviously essential to a healthy digestion.” “Insalivation, therefore, is as essential as mastication.”

A late American writer‡ considers this, if possible, of still higher moment; the saliva being, if we can get at the true intent of his language (which strikingly requires a translation into the vernacular), the principal agent in effecting the process of digestion. “There is every probability,” he remarks, “that no other gastric juice really exists, than the salivary fluids, mixed with mucus, follicular secretions and the exhaled or perspired fluids of the gastric mucous membrane.” His ideas, however, seem to be merely the modified views of the French physiologists Magendie and Montégre on this topic.

On the other hand, many writers consider the secretion and admixture of the saliva as performing a very slight and unimportant rôle in the function of digestion. Fordyce and others view it as a mere simple fluid, destitute of all chemical or otherwise energetic properties, designed to lubricate the membrane of the mouth, pharynx and œsophagus, and thus facilitate the act of swallowing.

Dr. Beaumont in his work takes the same view of insalivation, regarding it only important as a preliminary to digestion.

However this may be, and we are inclined to think that the principal object of the saliva is to lubricate the mass of food for deglutition, and to allow the tongue and muscles of the mouth to fit it into a bolus on which the process of comminution can better be effected, we have no doubt that the process of mastication is of vastly higher importance than it is *practically* judged to be. We are inclined to this opinion, which is common to most writers on digestion and dyspepsia, from various considerations; from the fact that most dyspeptics whom we have known, have been conscious of having suffered from this, either through habit or from imperfection of the teeth;—that every individual of observation must have noticed the disturbance of the digestive process after a hurried meal; and

\* Experiments, p. 64.

† Treatise on Diet, &c. p. 36, et seq.

‡ Dr. S. Jackson, Op. Citato.



lastly, the experiments on St. Martin have the greatest interest, in demonstrating the necessity of perfect comminution. The reader is referred to the 1st and 34th Experiments of Dr. Beaumont's work, which seem abundantly to prove that food introduced into the stomach in an undivided state, is acted upon by the gastric juice only on the surface, becoming converted into chyme so slowly that it acts like an irritating foreign body in the stomach. The analogy before alluded to, between the gastric fluid and a chemical solvent, seems still more exemplified in this process. The finer the comminution, or the smaller the particles into which the food is divided, the larger surface will be presented to be acted upon, and the sooner the union or solution will be effected.

Beside the importance of slow and perfect mastication of the aliment as regards its comminution and admixture with the saliva, another decided benefit results from it in the comparatively little danger of eating to excess. Every one must, or may be conscious of this in his personal experience; the rationale may not be quite so obvious. If, as seems probable, no gastric juice exists in the stomach in its empty or unirritated state, and this fluid is poured in to meet and as it were neutralize the aliment, perhaps it may be that this exact point of neutralization or combination is thus met by slow additions, whilst it would be exceeded by hasty supplies.

The difference between the inhabitants of this country and Europeans as to this item of domestic habits, has perhaps been more generally remarked upon by the traveller, than almost any other characteristic of private manners. The laborer of France, or Switzerland, or Italy for example, passes an hour over his dinner of bread and grapes and weak wine, interspersing his meagre repast with light and cheerful conversation, procrastinating the enjoyments of his humble and often inadequately satisfying meal to the utmost extent possible. The Yankee citizen, on the other hand, whatever his rank or employment, encounters his dinner as he would any other necessary work which had to be accomplished. He seats himself with a sober and determined resolution, as it were to a task, to which all his faculties are to be applied till it is completed, which probably occupies less time than the mere preparation of a salad would do the southern European. The comminution of the food will of course be dependent on its mode of preparation and the integrity of the dental organs. And as it is a fact which no foreigner fails to notice, that no people are so unfortunate as to the possession of good teeth, as the Americans, we feel that this point of perfect mastication should be especially urged in a treatise addressed to the New Englander. In respect to the extent of this evil and its presumed causes, we may again quote from the work of M. Volney.

"Travellers are equally agreed on the frequency of defluxions on the gums, rottenness of the teeth and the premature loss of these valuable instruments of mastication. Of a hundred persons under thirty, it may be affirmed you will not find ten entirely unaffected in this respect. It is particularly lamentable to observe almost generally that handsome young women, from the age of fifteen to twenty, have their teeth disfigured with black spots, and frequently a great part of them gone. Opin-

ions differ, even among medical men, respecting the cause of a complaint so universal: some will have it to be the use of salt meat, which is in fact universal and habitual;—others say it is to be ascribed to the use of tea and the abuse of sweet things. Dr. Kalm, the Swedish physician, by comparing the regimens of various nations and different classes of society, appears to me to have demonstrated that tea does not injure the teeth, as a saccharine liquor, or as an infusion of an acrid plant, but as a *too hot* drink; and indeed it is known of old by experience, that every kind of liquor too hot, even hot soup, occasions a painful sensibility of the teeth, which manifests itself if they subsequently come in contact with anything cold. This is no doubt the reason why bad teeth are an universal complaint throughout the north of Europe, for in all cold countries, hot liquors impart an agreeable sensation to the palate, the stomach and the whole frame; while, on the contrary, cold drinks impart an agreeable sensation in hot countries, and it is remarkable that in these the teeth are very generally sound and white, as we see among the Negroes, Arabs, Hindoos, &c. A fact observed within these twenty years, in the United States, tends to corroborate this theory. Previous to that time, a savage with a bad state of teeth was never seen, and the food of the savages is commonly cold. A few individuals, particularly women, of the tribe of Oneidas, Senecas and Tuscaroras, who live within the precincts of the United States, having adopted the use of tea, their teeth, in less than three years, became, like those of the whites, disfigured with black spots and rottenness. Another fact, mentioned by the circumnavigator Bonzainville, is perfectly analogous to this. He says that the wretched ichthyophagi of Terra del Fuego, the Pesharays, have all bad teeth, and he adds that they live almost entirely on shell fish, not raw, but roasted and eaten *burning hot*."

[To be continued.]

#### ATONIC APOPLEXY.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—I take the liberty to offer a few remarks on the case reported in the 10th number of the present volume of your Journal, entitled "*Rupture, convulsions and death.*" Perhaps the true character of that case cannot be better illustrated than by reference to one, apparently analogous, which was subjected to autopsy.

On the 7th of July, 1834, I was summoned by order of the Coroner for the District of Montreal, to be present at an inquest to be held on the body of a Mrs. — Place, of Bolton, who died suddenly in the eighth month of utero-gestation, and was interred about the middle of the preceding January. Suspicion of poison, at first slight and unfounded, had obtained so general credence as to demand legal investigation. Having previously given an opinion that decomposition had not gone so far as to render an investigation impracticable, I proceeded to an examination of the body, assisted by Drs. Foord and Barnard. The following is the result, as reported in one of our Colonial papers.

"There was a considerable degree of putrefaction about the face—the

brain much softened from this cause, but entire in form—the membranes but little affected. On the left side of the brain, in the middle lobe, immediately under the dura mater, was found a considerable quantity of effused blood, which was but little changed in its appearance. That portion of the dura mater in contact with it, presented distinct traces of inflammation; a portion of it was dissected out and washed, when marks of much vascular engorgement were very evident; it was compared with several other portions which were taken out and washed, but in none of which was there any appearance of inflammation—their texture was but little affected. There was also ecchymosis in that part exterior to the cranium, which corresponded to the effused blood. The integuments of the viscera of the abdomen were entire, and but little changed in appearance; the stomach was healthy, no traces of inflammation or disease were apparent; the mucous surface was a little softened by decomposition. The contents were taken out of the stomach, which was thoroughly washed, and the whole put into a glass bottle and carefully sealed, in order that it might be preserved to be tested with chemical reagents if necessary.”

The jury then proceeded to examine the medical men further in relation to the case. “Dr. Foord stated that he was called to the deceased in her last sickness, but only arrived about five minutes after her death. He questioned the attendants about her symptoms, who stated that she had complained of nausea and pain at the stomach, and pain in the head—that she had a succession of fits (convulsions) with increasing stupor, coma and stertorous breathing, till her death—that she had taken nothing but some infusion of thoroughwort, and similar herbs—that he pronounced the case apoplexy at the time, and the appearance on dissection confirmed that opinion. His account of her last sickness was corroborated by the evidence of the nurse.” It was further stated by the nurse and friends that she had for some time been subject to severe attacks of pain at the stomach and head, for which she had not been subjected to any medical treatment—that she had usually enjoyed good health, and had been the mother of several children.

“Dr. Colby stated that he considered the effusion of blood on the brain to indicate apoplexy—that from the account of the symptoms, he should suppose it to be what is termed nervous apoplexy, in which there is often a succession of fits (convulsions)—that there was nothing in the appearance of the stomach that presented any marks of poisoning, and that the symptoms as mentioned by Dr. Foord did not resemble in any wise those that were consequent upon poisoning with either vegetable or mineral substances.”

“Dr. Barnard stated that he considered the cause of her death to be the effusion of blood on the brain—that an effusion to that extent would cause death in a short time. He did not think it could be from any poison taken into the stomach, on account of the absence of all those signs that usually attended death from poisoning; such as redness, inflammation, corrosion, separation of the coats of the stomach, dark livid spots and sphacelus—that the state of the deceased (being far advanced in pregnancy) would tend to bring on effusions of the brain, if she was constitutionally predisposed to them. The testimony being so strong in support

of the fact that the deceased came to her death by the dispensation of Providence, from natural causes—and there being nothing brought forward that tended in the least degree to criminate any person—the jury were unanimous in their opinion, and brought in a corresponding verdict.”

The analogy between the above case and that of Mrs. B—— of Wrentham, will readily be recognized—they were both, evidently, cases of atonic or nervous apoplexy. Dr. Good has discarded Stertor as an essential diagnostic symptom of apoplexy, although he considers it invariably present in the entonic variety. The breathing in atonic apoplexy is laborious, but not in every case stertorous. The diagnostic marks of this variety, according to Dr. Good, are a “feeble pulse and pale countenance.” A “feeble pulse” ought not to be considered any more an essential diagnostic of this variety than stertor. The strength and the frequency of the pulse depend on the state of the general system, as well as on the degree of cerebral pressure. Two cases can scarcely be supposed to occur without presenting varieties in the pulse and respiration—hence the variations in the pulse, as well as in the breathing, can in no wise alter the essential character of the complaint. The prominent and essential characteristic difference in the two varieties should at all times be kept in view. The entonic variety is the result of “plethora, corpulency, grossness of habit, shortness of the neck,” and we may add of universal vascular oppression. The atonic variety, on the contrary, is more the “result of vascular debility than of vascular surcharge,” or rather it is more immediately dependent on a morbidly irritable state of the general system. Its exciting cause is local irritation in the extreme parts of the system, producing sudden and violent excitation of the arterial system, with an afflux of blood “to the head beyond what the vascular walls are capable of sustaining.” A highly susceptible state of the nervous system, together with a disposition to cerebral congestion, are prerequisite to the occurrence of this form of apoplexy. This pathological predisposition may exist in an apparently good state of health, as well as in a state of extreme exhaustion from previous disease. During an attack this increase of susceptibility manifests itself in an irregular excitation of the motory power, and spasms may therefore be as essentially diagnostic of this variety of apoplexy as stertor is of the entonic. In the case of Mrs. B——, of Wrentham, the full, hard pulse, and the discharge of blood from the mouth and nose (probably from the surcharged vessels of the posterior nares), indicated an approximation to entonic apoplexy, while the paleness of the countenance, the spasms and the general convulsions, with the peculiar circumstances of the patient, sufficiently stamp its character.

*Stanstead, L. C. Nov. 18, 1835.*

*M. F. COLBY.*

#### IMPERFORATION OF THE RECTUM.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—I have translated the following article from the *Révue Médicale*. If you should consider it worth inserting in your useful Journal, it is at your service.

*BENJ. B. APPLETON, Jr.*

*Boston, December, 1835.*

M. Forget relates that having been called lately to a child affected with Imperforation of the Rectum, he, as well as the family physician, found this intestine obliterated about the distance of ten lines (an inch) from the anal orifice. The obstacle offered itself to the finger under the form of a *resisting cul-de-sac, gathered at its farther extremity, as if in consequence of a ligature*, or an interruption of the intestine. The cries of the child, and the pressure of the abdomen, did not give to the finger *any sensation of fluctuation*.

M. Forget considered it as a serious case; but as, notwithstanding the tension of the abdomen, nausea, &c. the state of the child was not immediately alarming, he advised the parents to carry him to M. Roux, who would decide upon the kind of operation necessary to be performed, not wishing himself to make immediately a puncture through an obstacle, of which nothing indicated the limits. The parents, frightened at the idea of an operation, were unwilling to show the child to any one, even to the family physician, who wished to observe the state of the obstacle. About ten days after, another physician having requested to see the child, discovered in the anus a *fluctuating tumor*, which he opened with a lancet and thus saved the child.

This case is remarkable, first, as it shows that a child can live from ten to twelve days with an obstruction on the rectum. Secondly, that we should not decide, at first sight, on the nature of an obstacle; an operation often being practicable in the progress of a disease, which in its commencement would be pronounced rash.

## BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 9, 1835.

### DENTAL CHARGES.

A GENTLEMAN inquired of us, the other day, whether there would be any serious objection to publishing in this Journal a candidly written protest against the present Boston tariff of dental charges, which he considers enormously high. For example, the simple operation of filling a tooth costs three dollars; and for the insertion of a tooth, the price, though not perhaps always in proportion to the ability of an individual's means, really makes a frightful inroad upon a pocket-book. On revolving the subject over in our minds, we came to a hasty conclusion that there were reasonable grounds for complaint. After-reflection, however, has entirely changed our first impressions, and we hereby confess ourselves the staunch and uncompromising advocates for the present charges. It is the only possible way in which the surgeon-dentist can be professionally sustained in any well-regulated community; and instead, therefore, of diminishing the fees of the Boston, New York and Philadelphia operative dentists, we would lend a helping hand to maintain them. If the public would be well and faithfully served by dentists of education and scientific attainments, that public is under obligation to contribute towards their support and their respectability,—for their usefulness, and indeed influence, will always depend upon the kind of patronage they receive.

We are most heartily sick of all sorts of quackery, which unfortunately abounds as much under the imposing title of *surgeon-dentist*, as under that of any other liberal profession in the land. They prowl over the country like beasts of prey in search of victims, practising impositions of the grossest kind, for which they are paid vastly more liberally than our resident city dentists, who are trained by the study of anatomy to a perfect knowledge of the structure of the parts involved in their operations, and skillful in all the manual performances in which the use of an instrument is ever necessary.

It is said that the dentists live in a style of affluence beyond their deserts, and that they actually accumulate property both faster and easier than the physicians. The latter, it is thought, are obliged to be the humble servants of the poorest claimants upon their services, night and day, whether compensated for their labors or not ;—whereas the dentists have an apt eye to their customers, never looking into the regions of their vocation without being certain of a fee. Admitting this heinous charge to be absolutely true, we are delighted with the intelligence that they have discovered any mode of getting all they earn. Far from being envious of their success in this particular, we hope it will continue—humbly imploring their sympathies for ourselves of the losing fraternity. They are compelled to inhale breaths infinitely more fetid than the mephitic exhalations of the Pontine marshes, certainly unpleasant and assuredly destructive to health. But no further vindication of their rights and privileges is demanded at our hands. They have our cordial good wishes, being fully persuaded that they receive no more for their services than is required to meet the expenses of living in proper situations, to accommodate the wishes of all good citizens. Taking it all in all, they are not paid any more generously than the professions of law, physic or divinity. Our motto is—*Live and let live*.—Still, the prospective communication alluded to in the commencement of these remarks would be cheerfully inserted, because the source from whence it would emanate forbids the idea of anything personal or abusive :—it would aim to be a candid discussion of the principles upon which dental charges are predicated.

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#### AUSCULTATION OF THE BLADDER.

THE fact is well known that dreadful mistakes have been made by surgeons of renown, owing to a misconception of the true character of a disease, for which the proposed remedy was an operation. Dupuytren once cut a patient for stone, and ascertained, at a moment too late, that there was none in the bladder. Any other man might have been lynched by an enraged multitude, under similar circumstances. However, he was always fortunate in sustaining himself against every opposition, as well as against the troubles that sometimes grow out of mere carelessness, by the transcendent force of an indomitable spirit. Recently, it has been pretty well ascertained that the actual condition of the bladder may be detected by the stethoscope, which will prove of immense consequence, particularly after lithotripsy, when bits and fragments of stone may sometimes be left, though the surgeon may suppose that the whole have been removed. There is no reason why this use of the stethoscope should not become an important auxiliary in forming a decision, involving, perhaps, the future comfort, health, and longevity of a patient. It would be gratifying to hear that practitioners are turning their attention to this subject,

and acquiring a tact in discriminating the condition of the organ in all the gradations of calculi, from the simple depositions of concrete particles, to the perfect stone.

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#### INFLUENCES OF RELIGION ON HEALTH.

IN giving the first notice of Dr. Brigham's essay, with the above title, some weeks since, it was proposed to make a further examination of its merits as a medical book, aside from its radicalism and decidedly pernicious tendency, carrying as it does both spleen and spite in a gauze wrapper of infidel philosophy. A re-examination, with reference to this object, has been completed, and we are reluctantly constrained to say, that, to our individual apprehension, the volume has not a single redeeming quality on the score of its medical character. We certainly feel no personal hostility towards the author, as a man or a physician; on the contrary, we freely acknowledge that he possesses qualifications for instructing and benefiting mankind, and increasing the amount of human happiness;—but when he perverts the faculties his Creator has blessed him with, and opens the vials of his wrath against the character and objects of institutions which christianity has made sacred, he cannot escape the severe censures of those who reverence the laws of God. Whoever encourages the bad propensities of our nature, by representing the sacred ordinances of religion, as practised by any denomination of christians, to be absurd, ridiculous, and below the dignity of rational, intelligent beings, deserves the pointed rebuke of the whole community. The philosophy of medicine requires no intermeddling with the laws of the church—no interference with the department of practical theology, nor should it presume to contradict what it was never designed to embrace or to understand. Finally, having expressed, in the most unreserved manner, our opinion that the aforesaid essay is neither new nor useful—that it exhibits neither wisdom nor discreteness, originality or genius, its repose in the accumulating dust of future time will not in all probability be again disturbed by the searching operations of the Boston Medical and Surgical Journal.

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*Diseases of the Chest.*—A new work was to appear in Philadelphia, last week, on the Diagnosis of the Diseases of the Chest, based upon the comparison of the Physical and General Signs. By W. W. Gerhard, M.D. physician to the Blackley Hospital—lecturer in the Philadelphia Medical Association, &c. &c. A few copies sent to this market, not forgetting the one due this office, would doubtless oblige the profession at the North.

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*Bell's Anatomy.*—A new edition of this very excellent work, by Charles and John Bell, has just appeared in England, revised by Sir Charles. It should be immediately put to press in this country.

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*Madame Boivin.*—This lady is well known to all medical gentlemen who have visited Paris within the last dozen years. To perpetuate her fame, she has written a valuable practical treatise on the diseases of the uterus and its appendages—which has been translated into English, and half spoiled by the translator's notes, as most similar works are by this

bulk-increasing process. She was the successor as a public teacher to Madame La Chapelle, very eminent in her day. What would be thought of it here, were an accomplished lady to be giving daily lectures on midwifery in a medical college, surrounded by a bevy of medical students? No wonder she always had the largest class of any savan in the metropolis.

*A valuable Translation.*—Anatomical, Pathological and Therapeutic Researches upon the disease known under the names of Gastro Enterite, Putrid Adynamic Ataxic, Typhoid Fever, &c. &c.; compared with the most common acute diseases. By Charles A. Louis, Doctor of Medicine of the Faculty of Paris, &c. &c. "Je sais que la verité est dans les cheres, et non dans mon esprit qui les juge, et que moins que je mets du mien dans les jugemens que j'en porte, plus je sùr d'approcher dela renté.—*Emile.*" Translated by Henry J. Bowditch, M.D. Member of the Massachusetts Medical Society, and of the Society for Medical Observation at Paris. The above work will be on sale very soon at the principal bookstores of Boston and other cities.

*University of Pennsylvania.*—Dr. Hugh L. Hodge was recently elected professor of Midwifery and of the Diseases of Women and Children, in the University of Pennaylvania, in place of Dr. Dewees, who resigned on account of ill health.

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TO CORRESPONDENTS.—H.'s remarks came too late for this week.

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DIED.—In Washington, N. C. Jonathan Otis Freeman, M.D. aged 64, a native of Massachusetts.—At Princeton, N. J. on the 1st inst, Dr. Samuel L. Howell, one of the professors of the college in that place.—At Norwich, Ct. Dr. Dwight Ripley, aged 71 years.—At Baltimore, Dr. Samuel R. Lawyer, aged 39.

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Whole number of deaths in Boston for the week ending Dec. 5, 43. Males, 17—Females, 26.

Of menales, 14—nervous headache, 1—scarlet fever, 2—infammation on the lungs, 1—hooping cough, 3—consumption, 2—croup, 3—infantile, 2—burn, 1—canker, 1—lung fever, 3—intemperance, 1—typhous fever, 2—scald, 1—infammation of the bowels, 1—old age, 1—throat distemper, 1—teething, 1.

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## ADVERTISEMENTS.

### A STAND FOR A PHYSICIAN.

A PHYSICIAN in the State of Maine, in a pleasantly situated, small, flourishing village, about 25 miles from Portland, wishes to dispose of his stand. Being a very eligible stand, and affording abundant practice, it offers a good opportunity for a physician to establish himself. For further particulars, apply to the Editor of the Journal; if by mail, post-paid. Sept 23—3m

### VACCINE VIRUS.

PHYSICIANS in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—*inclosing one dollar.* Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless some other mode of conveyance is directed. Ten charged quills, an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely packed in a letter. The gentleman who has undertaken to keep the virus, will faithfully supply that which is positively genuine and recently taken. It will also be furnished on application at the Medical Journal office.

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. XIII.]

WEDNESDAY, DECEMBER 16, 1835.

[NO. 19.]

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## THE RESPIRATORY APPARATUS IN OLD PERSONS.

**THORAX.**—The thorax in aged females presents two states, very different from one another, which deserve to be examined.

The first is a case of exception, and found in aged females who conserve a considerable share of the freshness of youth; the mammæ are voluminous and still consistent; the whole thorax is covered with a layer of fat; the muscles are well-colored, and the costal cartilages retain their suppleness. However, the ensemble of the thorax has undergone a peculiar change belonging to old age; the superior part is flattened laterally in such a way that the antero-posterior diameter is considerably increased at the expense of the transverse one. This change is commonly accompanied by a gradual enlargement of the thorax towards the inferior part, which then represents a pyramid with a large base, whose apex has been somewhat shortened.

The second type is much more frequent. Here the cavity of the thorax is remarkably modified, and the lateral flattening above noticed may be carried to an extreme degree; in some cases it produces an angular form of the thorax, exactly like that seen in rachitic persons. This disposition of the chest is important to study, for it brings with it several changes in the relation and conformation of the subjacent viscera, which have not as yet been noticed by writers. Thus the liver is considerably pushed down from its natural position, and frequently bears the marks of pressure exercised on it by a narrowing of the inferior portion of the thorax, in females who have worn stays. In these cases also, the right lung is elongated, and follows the displacement of the liver into the abdominal cavity. The sternum is, as we mentioned, always carried forwards, but the xyphoid cartilage is pushed backwards, and even sometimes completely concealed behind the cartilages of the last true ribs. The longitudinal diameter of the thorax also undergoes a remarkable change in old persons. This circumstance has been noticed by all writers. Sometimes the intervertebral cartilages disappear completely. Fischer relates one case of a man aged 100, in whom nine vertebræ were reduced to one solid piece, and Boerhaave met a similar alteration affecting the whole spine.

The vertebral column however is not only shortened, but becomes flexed forwards, and that often in a permanent manner. In consequence of the weakness of the dorsal muscles, the pressure is most felt anteriorly, and here the bodies of the vertebræ are most intimately united. This inflexion usually occupies the last cervical and first dorsal vertebræ, and is often carried to an extreme degree; in some of the old women at

Salpetriere it is so marked, that the posterior surface of the scapula becomes superior, and the cervical region makes nearly a right angle with the dorsal. The changes just pointed out in the external form of the thorax, must necessarily occasion corresponding alterations in the viscera contained within its cavity, or connected with it. The diaphragm is thrown into folds, which in some cases leave their mark on the liver, and this viscus is pushed down into the cavity of the abdomen several inches below its natural level; the tissue of the ribs themselves is much rarefied, but (contrary to the assertion of authors) in a very few cases only do we find an osseous incrustation of the cartilage of the ribs. The costo-vertebral cartilages generally conserve their mobility to the most advanced period of life.

*Lungs.*—Before we pass to the pathological examination of an organ, we should possess correct notions of its structure at the period to which our examination is limited, for the former cannot fail to receive special characters from the latter. Hence it is of great importance to study the structure and peculiarities of the pulmonary tissue in old persons. With respect to their external configuration and appearance, the lungs of old persons may be ranged under three classes.

In the first, the lungs preserve nearly their normal aspect, and differ very little from those of the adult; however, in all cases where the chest presented a lateral flattening to any considerable degree, the authors found a peculiar disposition of the interlobular fissure. This becomes vertical, in such a way that the two lobes of the left lung are opposed to each other, one directly forwards, the other backwards; while in the right lung, the middle lobe, directed downwards, is surmounted by the inferior lobe, which in some cases even constitutes the posterior quarter, or those of the summit of the organ. Hence a pneumonia of the summit may occupy the inferior lobe, as we shall presently have occasion to see.

In the second class, the peculiarity consists in the smallness of the lungs. The organ is light, and little susceptible of being inflated by the greatest force. They are constantly bathed in the cavity of the chest by a limpid serosity; when compressed, their crepitation is more diffuse than in the lung of the adult.

In the third class the lungs present a mass unequally thrown up into eminences, and are bathed in a much greater quantity of fluid; they are flaccid, livid, and have altogether lost their conical form. The division of the lobes is not less remarkable; the latter are merely united by a flat, thin pedicle, which leaves them as it were floating in the thorax; they are extremely light, and give a most peculiar sensation to the touch; the heart is smaller, and often in a state of complete anemia; the thorax is excessively emaciated.

*Intimate Structure.*—M. Magendie, who has made some interesting researches on the structure of the lungs in old people, lays it down as a fundamental rule, that the air-cells are increased in magnitude, giving rise to a considerable diminution of their specific gravity. However, the exaggeration of the cellular structure is only perfectly seen in those persons who present the traces of old age in a very high degree. The lungs of aged persons were examined by our authors nearly in the same manner as by M. Magendie, but they had no recourse to insufflation.

They arrange the lungs, considered as to structure, under the three classes above enumerated, viz.

1st. Case. "Lungs voluminous, filling a thorax well developed, and whose soft parts are still free from emaciation, or even fat." A thin cut of this lung dried, gives a number of holes perfectly round, crowded together like the meshes of lace, and presenting a diameter of about a quarter of a line. The cells are here perfectly regular, and everywhere independent.

2d Class. "Lungs of regular form, but small, bathed in serosity; thorax contracted; soft parts emaciated." A thin cut of this lung dried, shows a texture somewhat similar, but differing in many respects. The cells are no longer round but *elliptical*, and the vascular apparatus is less numerous; the cells, however, are still limited by a regular circumference, and are independent.

3rd Class. "Irregular form of lung, which is withered-looking, and applied to the vertebral column; the thorax is contracted, and reduced to an extreme degree of emaciation." Here the pulmonary vesicles do not present any distinct form; the parenchyma is converted into a sort of spongy mass; the microscope distinguishes a few vascular branches, and there is no trace of the lobular sub-division. This latter condition of the lung, which is always found in persons presenting the characters of old age in a well-marked form, is a species of natural emphysema which is well worthy of attention, but it is necessary not to confound it with morbid lesions, properly so called.

If we compare the relative sizes of the pulmonary cellules in the infant, the adult, and the aged person, we shall find a remarkable progression as we approach senility. This has been proved by the author, in frequent experiments. Thus the dried cells of the infant lung are only a twelfth of a line in diameter; those of the adult about one-eighth or one-sixth; finally, the diameter of the air-cell in the aged, presents a diameter of one-fourth of a line. Hence the law first pointed out by M. Magendie, that the pulmonary tissue becomes rarefied directly in proportion to age.—*Researches at Salpêtrière, by MM. Howmann and Decambre.*

#### CASE OF TUMOR IN THE CHEST.

BY LEWIS A. HALL, M.D. OF NEWARK, NEW JERSEY.

MAY 12th, 1827, I was called to see Clinus Freeman, aged 40 years; by occupation an oysterman. He had been ill for many weeks, and on examination the following symptoms were manifest—emaciation, extreme pain on pressure in the region of the diaphragm—great debility, prostration, and difficult respiration. Tongue red at the edges, moist, with its papillæ erect in the centre. No pain in the head, but at times complains of dizziness, with cramps in the arms, feet and legs; pulse 120, full and quick, but in ten or fifteen minutes, intermitting, slow, and weak, becoming in a few minutes again full, with a flush on the cheek, and when the face was flushed the breathing was most difficult. When the pulse was weakest, the greater was the pain in the region of the diaphragm. Bilious and dark-colored discharges from the bowels, which we learned

from the attending physicians were alternately constipated and relaxed through the whole of his illness.

He was ordered sal. soda and senna in sufficient quantity to move his bowels ; after which let him take 1 grain of sulphate of quinine every hour, in a spoonful of wine whey, and give him brandy toddy, warm, for his drink. Cathartics operated well ; but he gradually sunk, and died at 2 o'clock in the morning of Monday, the 13th. On the 14th, 30 hours after death, I was called on to examine the body *post-mortem*, in presence of Drs. Andrews and Son, Freeman and Skilman, when the following were the appearances presented. On raising the sternum, we found it adhering firmly to the mediastinum by a preternatural enlargement, so as to require the use of the scalpel, to detach it its whole length. At the superior extremity of the sternum, the tumor was small, compared with its magnitude at its termination—for as we approached the pericardium, the morbid appearances increased ; the morbid mass was of a pyramidal shape, with its base resting on the pericardium, and its top running a small space above the superior portion of the sternum. The superior and anterior portion of the pericardium, and the inferior portion or base of the tumor, were so firmly attached, that it was not possible to detach them only by dissection. The tumor was, from its anterior to its posterior surface, two inches in thickness, at its base gradually tapering to its top, and from one lateral extremity to the other, between four and five inches, and running to its superior termination tapering, giving the mass a sort of cuneiform shape. When detached it weighed three pounds (*avoirdupois*). It was of a pale red color generally, with interstices of a pale yellow, occasionally slightly vascular, heavier than water, and resembled in its general appearance the glands of the *mammæ* ; the left lobe of the lungs adhered extensively to the tumor, at its posterior and superior portion, and at the inferior extremity of the right and middle lobes they were both found strongly adhering to the tumor immediately above the right superior portion of the pericardium. The right lobe was also adhering to the pleura at the second rib near its centre, extending round from thence to the spinal column ; in other respects the lungs were sound and manifested a healthy appearance. In the cavity of the thorax were effused seven pints of serous fluid, slightly tinged with blood ; the pericardium contained a small quantity of effused fluid, not exceeding two ounces. The heart at its superior extremity was slightly inflamed ; pleura costalis sound ; diaphragm inflamed slightly ; stomach and intestines were healthy, and no symptom of inflammation was discovered in either. Spleen, paler than usual ; the vessels of the pancreas engorged with grumous blood ; liver slightly enlarged ; the gall-bladder flaccid and empty ; the renal glands, ureters, urinary cyst, manifested no diseased appearance ; the encephalon with its contents was not examined.

This case excited much speculation during its continuance ; the uncommon and sudden transition of arterial excitement produced much speculation among the practitioners of the neighborhood. At one time, the truly protean symptoms demanded the most vigorous treatment, whilst the next moment would probably forbid their administration. The diagnosis and prognosis were formed from the effects of previous treatment, as well as from the existing symptoms, which were that the patient

labored under some mal-conformation of the heart, or of the great vessels immediately in its vicinity, and dissection has shown how far this opinion was correct.—*U. S. Med. and Surg. Journ.*

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#### EMMENAGOGUE PROPERTIES OF ACONITUM.

IN a paper by M. West of Strasbourg, in the August Number of the *Archives Generales de Medecine*, he states that aconitum is one of those remedies which after having been praised beyond all measure, like many other new remedies, is now completely neglected in France. In Germany a few physicians still employ it in some cases, particularly in phthisis and rheumatismal affections. The author, while attending the clinique of the School of Medicine at Vienna, has seen a great number of experiments with this remedy. In phthisis its action never appeared very advantageous, but always inferior to that of the other narcotic substances. Its utility in cases of rheumatism seems more doubtful. However, amongst other patients at the school of Vienna, the author observed two females on whom the action of aconitum was very remarkable. One was a stout female, 27 years of age, affected with articular rheumatism of the left arm : her menses had been suppressed for three months in consequence of exposure to cold. Aconitum joined to antimony was administered for the rheumatic affection. The latter persisted without any change, but the menstrual discharge was quickly restored.

The second case was that of a female, 32 years of age, equally affected with rheumatism, whose catamenia had not appeared for five months ; she took aconitum ; the pains diminished slightly, and the menstruation was restored. These cases roused the author's attention, and induced him to make further experiments. He details three examples of successful application of the remedy to amenorrhœa. In the first, the disease had been established for twenty-two months : the patient was bled, and took the watery extract of aconitum for eight days previous to the supposed menstrual period. On the fifth day the pupils appeared dilated, with other slight indisposition : on the eighth day the menses reappeared, and have continued regular since that period.

In the second case, that of a weakly girl, the menses had been suppressed four and a half years, and replaced by a leucorrhœal discharge, more abundant at each period. The patient took thirty grains of the extract in twelve days, for suppression of the leucorrhœa, accompanied by pain and weight in the summit of the vagina : on the tenth day the pain had much diminished, and the white discharge had returned.

In the third case, the girl, 19 years of age, began to menstruate at the age of 16 ; after the lapse of a year the discharge was suddenly arrested in consequence of exposure to cold. After five months the patient experienced severe pain in the head and abdomen. These soon changed into true hysteria, the access of which came on at each menstrual period, and was excited by any moral emotion. The patient was seen a year after the suppression of her catamenia, and then exhibited the symptoms of chlorosis in the highest degree. She was ordered general and local baths, with thirty pills of the extract, to be taken eight

days before the expected period. After the use of twenty grains the catamenia appeared, and were succeeded by a very fetid white discharge; from this moment the access of hysteria disappeared, and the patient gradually recovered her health.

From these facts and several others noticed by the German writers, the author thinks the efficacy of aconitum in cases of amenorrhœa cannot be doubted; as to its mode of action, the author thinks it may determine the reappearance of the menses, not by any specific property (for there does not exist any absolute emmenagogue), but by calming an irritation of the uterus, by which the vessels furnishing the menstrual flux are prevented from performing their ordinary function.—*Lancet*.

#### DR. BELL'S PRIZE DISSERTATION ON DIET.

[Concluded from page 286.]

THE last considerable error in food which we shall mention, is too great a variety of alimentary substances taken into the stomach at the same time. The practice of the New England laborer is, however, less blameworthy than that of the *soi-disant* higher classes, in this particular; in general, there is here a commendable simplicity of diet and an unsophisticated mode of cooking. Although an occasional change of substances seems essential to the health of the human subject, as was observed when considering the experiments of Magendie, the mixture of various kinds of food, of different degrees of digestibility, in the stomach, is an error upon which all judicious dietetic writers accord, and all individual experience corroborates. The experiments on St. Martin offer, as it were, ocular demonstration that a number of articles of different kinds are digested much less speedily, and no doubt with much greater expenditure of the vital energies, than either of them separately. Apart from the direct agency thus produced in debilitating the stomach (which may be perhaps explained on the supposition that the gastric fluid exerts a kind of elective action upon those parts of the alimentary mass which are most comminuted or most easily combined with, leaving the others untouched to act as foreign bodies upon the delicate tissues of the organ), the inducement to overload the digestive apparatus is thus augmented.

The next subject which presents itself in considering the errors of diet, after those of food, are those of drink. Of these, one presents itself so prominently, and of consequence so vastly superior to all others of food and drink collectively, that a volume might be employed in discussing it. We need hardly mention that we refer to the use of stimulating drinks, the evils and injurious effects of which upon the physical system have been so amply developed, within a few years, and pressed upon public consideration with so much earnestness, talent, learning and effect, that the subject is well nigh exhausted, as it is well understood by all who are not wilfully blind to the truth. We shall dismiss the subject by observing that the effects on bodily health, from the use of alcoholic drinks, including under this term all those capable of producing undue stimulation, whether spirituous or distilled, and fermented, are, 1. To urge on

the powers of life beyond their normal or healthy action ; to drive on, as it were, the machinery of the animal system, whilst it is already going with rapidity enough ; to expend, or rather to squander the excitability of the constitution, and consequently to leave the individual the sooner without the principle of life. 2. To act directly on the delicate textures of the stomach by their acrid and narcotic properties, disturbing the healthful functions, and, on continued repetition, the organic structures of that viscus.

The abuse of hot drinks is deserving of some attention. Amidst all the diversity and contrariety of opinion, upon the various topics of dietetics, on no point does a greater discrepancy obtain, than in regard to the use of tea and coffee, two articles of universal consumption in New England. One party have considered them as drugs of decided and injurious properties, exciting, as such, a narcotic, stimulating, and indirectly debilitating influence on the stomach and on the nervous and circulatory systems. Others, again, have regarded them as possessed of too slight medicinal properties to be worth regarding in our regimen. In this controversy, as in most others relative to subjects so little susceptible of anything like demonstrative evidence as that of dietetics, the truth no doubt lies in the middle. That they are not so deleterious as some imagine, the general good health of our and other communities in which they are so abundantly used, presents the highest evidence the point is capable of, that of experience ;—on the other hand, there would seem to be presumption sufficient that they sometimes produce injury, in the instances which every medical man must have met with of a train of anomalous nervous symptoms ceasing upon these beverages being relinquished, as well as the effects which every observing individual must be conscious of, from undue indulgence in too large and too strong potations of them.

One view of this subject has, in the opinion of the writer, been too generally overlooked ; a view which he believes to be pathologically the most important of any in connection with this topic. This is the indirect influence of these drinks, in their customary large quantities, throwing aside any specific produce, upon the cutaneous and pulmonary exhalants. The great proportion, the overwhelming majority, of the diseases of our climate, are those arising from obstructed perspiration, colds, catarrhal affections, &c. ;—these form the first link in the chain of morbid actions of our most common and most fatal affections, phthisis, bronchitis, &c. The peculiar vacillating, changeable character of our climate, the immense and sudden variations of temperature, no doubt are decided agents in their causation. But are not the constitutions of New Englanders kept in an especial state of predisposition and liability to such affections by the over-action to which the most exterior of his secretory organs, the skin and lungs, are subjected, through the influence of too much nourishing and stimulating food, the surplus of which is thus to be disposed of, and by the quantities of warm drinks which are thus more speedily and more directly to be got out of the circulatory organs ? The experiments of all physiologists have accorded in the fact that liquids are removed from the stomach almost immediately, even when its pyloric orifice has been closed by ligature ;—so speedily, as long since to have

formed the suggestion that some more direct rout must exist from the stomach to the urinary organs, than by fluids being absorbed into the sanguineous mass and separated by glandular excretion.

A portion of these unnecessary fluids is separated by the kidneys ;— a portion, and that, under favorable circumstances, as external warmth, &c. no inconsiderable one, is habitually excreted by the cutaneous and pulmonary emunctories ; enough, surely, to render their office too important to health to bear being checked without injury.

We believe that this is the rationale of the injury done to the health from the employment of tea and coffee, rather than their usually alleged narcotic, or debilitating, or over-diluent properties. We well know that the great outlet of human life amongst us, is from pulmonary diseases ; if, then, there seems a strong probability that this is one even of the minor auxiliary causes of such diseases, it requires little argument to convince the candid mind of the expediency of a general reduction, a total abandonment of a custom which is universally allowed to be unnecessary to health, and assuredly of as little gratification to appetite as any practice which affords pleasure enough to become confirmed habit.

The considerations in relation to the effect of hot drinks in destroying the teeth, before adduced, form another dissuasion from their use.

*The times of taking food*, is a subject of really more importance than at first glance it might be deemed to be. Experience demonstrates that the perfection of the process of digestion will depend not only on the quantity and kind of aliment taken, but on the frequency of the repetitions in taking it, and upon its being preceded or followed by exercise or rest, and even on the hours of the day, independent of these circumstances.

The food is not duly disposed of when the stomach is kept in a state of repletion. Dr. Paris lays down the following corollary in relation to this subject ; “ that the several processes by which aliment is converted into blood cannot be simultaneously performed, without such an increased expenditure of vital energy as weak persons cannot without inconvenience sustain ; thus chylication would appear to require the quiescence of the stomach, and sanguification to be still more incompatible with the act of chymification.”\*

It is certain that a healthful appetite does not recur until the portion of food last taken is not only removed from the stomach, but the ulterior processes of assimilation completed ; therefore the too frequent taking of food must prevent the return of that appetite, a certain degree of which is a most wholesome, perhaps an essential stimulus to digestion. In illustration of this principle of the connection between appetite and digestion, every practitioner must have observed that the indulgence of a patient in sickness in some kind of aliment for which a strong propensity is manifested, however improper it might *a priori* be deemed, is rarely attended with ill effects.

There is in many of the animal functions a natural periodicity of action, as in sleep and waking, some secretions and excretions, which undoubt-

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\* Paris on Diet, p. 54.



edly exists as to hunger and thirst and the digestive function. The observation of different nations shows that comparatively slight deviations exist as to their customs in the number of times of taking food per diem. The necessities of certain savage tribes occasionally compel them to abstain from food a number of days in succession, and then without injury they are known to devour as much as would have been taken through the time of fasting; and again, the pampered and luxurious high livers may inflict upon their stomachs, to their ultimate utter ruin, four or five meals daily. These are the extremes. The bulk of men, in all ages and all countries, have found the taking of food twice or three times per diem the most expedient system. We have no disposition to combat the conclusion which experience, the last and best argument in medicine, seems thus to have set down.

History, indeed, shows us instances of nations whose customs were in this respect those of monophagism, or eating only once in the day. Cyrus, according to Xenophon, eat only once in the twenty-four hours, and established this habit amongst the Persians. The ancient Greeks, also, followed this custom. Plato regarded eating more than once a day as very injurious to health of body and serenity of mind. "*Vidi menstrum in naturâ*," says he, "*hominem bis saturatum in die*."\*

In New England, it is hardly necessary to observe, the general habit is, and always has been, the taking of food three times daily; and as to the period of taking the principal meal, their practice, at least among the laboring classes, has agreed in that hour, meridian, which most writers, European and domestic, have considered as the most appropriate and advantageous. There seems to be no doubt, whatever may be the reason, that the functions of the stomach are much more energetic during the early part of the day, than towards evening. Dr. Knox,† of Edinburgh, cites, in corroboration of this fact, the opinions of those whose profession it is to train men to the performance of great feats of muscular strength, which, when they speak the truth, is of much more consequence than that of any medical man." Experience has taught them that during *training*, the object of which is to enable the human frame to acquire the utmost degree of vigor consistent with health, the evening is not the proper time for the digestion of food.

The rule which universal experience, and the general testimony of writers (for it would be hopeless to expect any universal accordance of opinion on any subject relating to diet, amongst them), establishes, is, that whilst the system is in a state of fatigue, the functions of the stomach are not duly performed. Towards night, the laboring man, especially with the habits of activity and industry so general in New England, will feel a degree of bodily exhaustion which extends through the digestive organs, as well as the rest of the machine, and which will therefore not be restored and recruited by the ingestion of much or nourishing food. Sleep is the natural and appropriate mean of reaccumulating, so to speak, that amount of vital energy which is requisite to carry on the movements

\* The reader who is interested in the historical research of this subject, is referred to the article *Repas*, in the *Diet. des Sciences Médicales*.

† See his observations on the diurnal revolutions of the pulse, republished in the *N. E. Journal of Med. and Surg.* Vol. V. p. 51 et seq.

of the animal machinery. The custom in New England was, formerly, as has been before observed, for the laboring man to take a moderate meal only towards evening, and that without animal food. This still prevails in a good degree, though it has become a custom worthy of being reformed, to use more meat, hot tea, &c. at this meal, than is expedient.

In a treatise on diet adapted to the sedentary, the luxurious and the valetudinarian, the subject of exercise would form a principal and most important topic of consideration. In the healthy life of the laborer in New England, there seems to be no occasion to urge anything respecting this upon him. On the one hand, the habits of industry, here universally inculcated from childhood by parental precept and example, thus made universal custom, and the honest stimulus of expected independence, form the surest safeguard against his suffering from want of exercise; whilst, on the other, no fear of want, either for himself or those depending on him for support, need drive him to that over-exertion which might produce, as we know it does in Europe, disease, premature old age, and death.

In the works on dietetics, a vast amount has been written upon the relative healthfulness or injurious qualities of the various articles of the *materia alimentaria*, or substances employed for food. Indeed the whole burden of a majority of our books is upon this point, and it would be a subject of amusing investigation to examine the discrepancies of the various writers, as to the character of almost every article of food. In looking at their dogmatic and positive recommendations and denunciations to the dyspeptic and the invalid, the shrewd remark of Van Swieten\* occurs as appropriate:—"Nullum alimentum universali titulo salubre dici protest, et qui rogat quodnam est salubre alimentum, idem facit ac si quererent quisnam sit ventus secundus, non cognito itinere."

To the healthy, the vigorous and the robust, such as we know is the New England laborer, the attempt to specify certain articles of food as wholesome or the reverse, would be still more idle and absurd. Keeping in view, what we have given as in our view the grand standing rule of diet, that of limiting the quantity of food to the least that will keep up the forces of the system (which, there is no doubt, is much below what is now usually consumed), we might modify the text of the apostle, and well apply it to those who are the subject of our essay—to the healthy, all things are healthy.

Having thus reviewed what seem to us the principal errors which need correcting in the food of the New England laborer, it seems but reasonable that some explanation should be attempted of the fact, which has been before stated, that he is now pre-eminent in health and bodily capability. This, it is believed, is ascribable:

1. To his always having an abundant supply of nourishing and wholesome food.
2. To the simplicity of cookery customary with him.
3. To his industrious habits of labor, which prevent the effects of

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\* In Aphorism Boerhaave, tom. 1, p. 68,

over-feeding from being so manifest or injurious as they would be under other circumstances, and as they are to all other classes—as, for example, the professional and mercantile, who feed like the laborer, but do not take his active exercise.

4. To his intellectual and moral habits being such as to stimulate him to, and sustain him under active and constant labor, and to keep up a tone of cheerfulness and constant prospect of improvement in his comforts and situation; a state which is wonderfully adapted to keep up a healthful condition of the digestive function, which is so eminently connected with the disposition and temper of mind, both as a cause and consequence, in their mutual integrity and derangements.

In closing this part of our subject, we would urge upon the intelligent, well-informed and independent working man, that the golden rule which will best secure him bodily health and strength, as well as mental serenity, as far as this is dependent on physical agents, is that of *strict temperance*; that is, a moderate use of things pleasant and useful to his body, and a total abandonment of such as experience has proved to be unnecessary and noxious.

### Conclusions.

1. A diet of *both* animal and vegetable food is adapted to the condition of the New England laborer.

2. No grand errors exist in his present system of diet, and no radical change is demanded to ensure a greater amount of health and strength, though many minor, but still important, errors exist.

3. The proportion of animal food usually customary is too great, and a considerable reduction would be expedient and advantageous, though it is impracticable to make a precise statement of the extent to which this is required, which must depend upon circumstances, as amount of labor performed, climate, season, bodily constitution, habits of life, &c. A general statement of this fact can alone be made.

4. The amount of food in general, customarily used, is more than is necessary for the maximum of health and strength, though a more specific statement of this abuse is also impossible. It must be left for each individual to attempt to reduce his quantity of food to that point at which he finds his mental and bodily powers most energetic. In searching for this point the New Englander may be almost certain that he must look for it in a descending ratio.

5. The great principle in regulating diet is to regard quantity rather than kind.

6. Perfect mastication and slow deglutition are important auxiliaries to the proper digestion of food.

7. A great variety of alimentary substances taken into the stomach at once, are calculated to do injury on several accounts.

8. The employment of alcoholic stimulants, and hot aqueous drinks, is deleterious to the functions of the stomach and to the general health.

9. The times of taking food, the state of the mental and moral functions, the quantity and times of exercise, &c. are all subjects of importance in the general subject of dietetics;—in these particulars, the habits of the New England laborer do not vary much from a healthful standard.

## DISEASES OF LIBERIA.

THE following observations on the characteristic diseases of that particular section of the continent of Africa to which the American Colonization Society have looked with the warmest feelings of benevolence, have been extracted from letters directed to Dr. SEWALL, of the city of Washington, and given to the Journal through the politeness of Dr. BENJAMIN F. WING, of this city.

ENCLOSED I send you some account of the medical condition of Monrovia, as given in letters from physicians residing in that place, hoping that they may be of interest to your readers. The writers, on their way to the colony, perused such works as they could obtain upon tropical diseases, and thus were enabled to enter their field of action prepared for what they had to encounter. Drs. Skinner and McDowell each pay their tribute to the value of Johnson's work on Tropical Diseases. They esteem his descriptions faithful and his treatment rational.

Dr. Skinner says—"The fever varies in its violence from the highest grade of yellow fever to that of tertian intermittent. In many instances it is accompanied with local determination to the brain and other organs. In puerperal women, there is frequently violent peritoneal inflammation. Generally the state of the pulse and condition of the skin determine the course of treatment. But in cases where local diseases predominate, great dependence cannot be placed upon the pulse, and the local symptoms must guide the practitioner. Copious bleeding, with large doses of calomel (20 grs.), repeated two or three times a day, if occasion requires, has generally changed the character of the fever to that of intermittent, when it is found necessary to adopt the usual treatment with quinine, &c.

"On examining the bodies after death, some presented decided marks of inflammation of the brain and its coverings. In one case, on opening the head, the vessels were seen extremely loaded; the dura and pia mater highly inflamed, firm adhesions between them over the middle and anterior lobes, for the space of three or four inches in diameter; spots of coagulable lymph found in various other parts. The substance of the brain was hardened, and numerous red spots appeared immediately following the knife.

"In the bodies that died of dysentery, and dropsy, subsequent to an attack of fever, organic derangement of the liver or spleen has universally manifested itself. In some cases the liver has been dark colored, enlarged, and presenting strongly the appearance of a coagulum of blood. The spleen becomes greatly enlarged, softened, and sometimes presenting very numerous matured points. It is believed the organic changes are produced by the fever, and that the dysentery and dropsy are the consequence of these visceral obstructions.

"Ulcerations of the lower extremities is a very common disease among the lower classes. There is scarce a house but has more or less of these cases. They are generally the product of accident and subsequent neglect. In their commencement, they easily yield to proper care and suitable treatment. But in some neglected cases, the ulcerative process goes on with rapidity, rendering the bones carious, exposing the muscles, and producing sloughing of the tendons."

## BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 16, 1835.

## BECK'S MEDICAL JURISPRUDENCE.\*

A FIFTH edition of this excellent and voluminous treatise on Medical Jurisprudence, has been published within a few weeks, in two large octavo volumes, of nearly 700 pages each—a copy of which has been politely forwarded to this office by the authors. The typographical execution does credit to the Albany press, the letter being plain and distinct, and the paper of a quality that ought always to be used in works of such importance.

The authors have been so long and favorably known as elaborate writers on forensic medicine, through previous editions, both in Europe and America, that any encomiums from this source would be of little avail in extending their reputation. It is a happy circumstance that the popularity of their first essay has enabled them to pursue the subject in detail, with unabated zeal—and successive editions are the evidence of their industry and discrimination in making constant additions, from year to year, of new and curious matter, illustrative of the principles upon which this interesting department of medical science is founded.

Medical jurisprudence is essentially a digest of facts, as they have been recorded by physicians and surgeons, in relation to the causes of death, and made use of in courts of law for the conviction or exculpation of criminals. A system of medical jurisprudence, therefore, to subserve the purposes for which it was intended, should abound with striking cases, collected from authentic sources, because every line may be appealed to as precedents, under circumstances of extreme perplexity and excitement, which, where the evidence is only circumstantial, might influence a jury to condemn an innocent man accused of crime, or liberate a monster whose unrestrained existence should be regarded as a public calamity. Such, consequently, is the progressive nature of this particular study, that every rising sun brings with it new, if not marvellous developments in the annals of crime, to be added to the catalogue of all preceding events of a similar character. The best book of reference, therefore, must be the one abounding in the greatest number of well-digested, systematically-arranged facts, as they have been brought to light through the agency of the law of the land, which recognizes no distinctions between the rich and the poor, the learned and the unlearned, when arraigned before its tribunal. There is a completeness, in this respect, in the volumes before us, that cannot fail of securing the approbation of the lawyer as well as the physician. In addition to a very elaborate synopsis of foreign trials, in which medical testimony had an influence upon the decision of the courts, there has been added a succinct account of all those in the United States, down almost to the day on which these books were placed on sale. Thus it is not unsafe to assume that they contain the spirit of all that has been gathered by their predecessors in the same line of inquiry, enriched by a vast amount of original matter, and arranged in a manner that will meet the entire satisfaction of the two professions most interested in the great field which these labors embrace.

\* Elements of Medical Jurisprudence. By T. Romeyn Beck, M.D. and John E. Beck, M.D. Fifth Edition, in two volumes. Albany, 1835.

By these commendatory expressions, we would by no means be thought to undervalue other publications upon the same subject. The two latest known to us here, are rather epitomes than full and perfect systems. One of them, intended to be a compendium, is by our friend Dr. Williams, who, were he inclined to bestow the time and attention requisite, is fully competent to the production of a volume that would transmit his name with honor to posterity. He has long been accumulating materials, and it is even possible that he may now be pursuing this, his favorite study, with reference to that object. The other, by Mr. Chitty, though of transatlantic origin, is nevertheless a meritorious performance, and appreciated as such by the learned.

Beck's Medical Jurisprudence is truly a national work, deserving a place in every law library of the land. To the medical profession we recommend it as eminently deserving their especial patronage and encouragement.

#### HOUSE OF INDUSTRY HOSPITAL AT SOUTH BOSTON.

THE following is an extract from the quarterly return of the physician of this institution, to the Board of Directors.

There were 84 patients who entered the Hospital at the House of Industry from the 1st of July to the 1st of October, with the following diseases.

Diseases.	No.	Diseases.	No.
Ascites . . . . .	1	Infantile remittent . . . . .	1
Hæmoptysis . . . . .	2	Inflamed joint . . . . .	2
Fracture of femur . . . . .	1	Insanity . . . . .	2
Jaundice . . . . .	3	Rheumatism . . . . .	3
Paralysis . . . . .	4	Fever . . . . .	5
Aneurism of aorta . . . . .	1	Scrofula . . . . .	2
Bronchitis . . . . .	3	Caries of spine . . . . .	1
Dysentery . . . . .	3	Menorrhagia . . . . .	1
Attempted suicide, in which the trachea was opened . . . . .	1	Fracture of the radius . . . . .	1
Hepatitis . . . . .	1	Erysipelas . . . . .	1
Diarrhœa . . . . .	7	Delirium tremens . . . . .	3
Syphilis . . . . .	3	Conjunctivitis . . . . .	2
Pneumonia . . . . .	3	Iritis . . . . .	1
Hysteria . . . . .	1	Worms . . . . .	1
Cholera morbus . . . . .	3	Ecthyma . . . . .	1
Phthisis . . . . .	8	Opacity of cornea . . . . .	1
Marasmus . . . . .	1	Phymosis . . . . .	1
Gonorrhœa . . . . .	1	Concussion of brain . . . . .	1
Cholera infantum . . . . .	7	Total . . . . .	84

This number does not include those who were not subjects for the Hospitals. For example, in the Asylum there were during this quarter between 20 and 30 cases of cynanche parotidea, and there are not a few of the adult inmates who have varicose ulcers of the legs, or some other malady which does not confine them to the house, but which requires the occasional attention of the physician.\*

\* The greatest benefit in the treatment of ulcers, was derived from an ointment made of lard and prepared chalk, equal parts. This was spread upon linen, applied over the ulcer, and the limb well bandaged. This plaster was allowed to remain for several days. The patients derived so much benefit from this treatment, that they were not willing to try anything but the chalk ointment.

One fact in regard to the patients is worthy of notice. Every adult patient that has entered the hospital has been in the habit of using ardent spirit to excess—either immediately before or at some time previous to entering the house. In fact, it is this habit of intemperance, and the exposure to which it necessarily subjects them, that is the exciting cause of almost every disease that has come under treatment.

The sick have been uniformly treated with kindness by those who have charge of the house, and every disposition is manifested to render them comfortable.

*Smallpox.*—On Friday evening, a case was discovered in Warren St. in the person of a woman, who had just arrived from Bremen. It is more than two months since a single instance of the existence of this disease has been found in the city—which is quite a remarkable circumstance. The vigilance of the health police forbids the idea of its ever extending in Boston, beyond the walls of the house in which the patient has lodged.

*Mass. General Hospital.*—On Saturday last there were two operations. The first was an extirpation of a diseased eye—and the second, an amputation of the right leg, about midway between the knee and hip joint, in consequence of a disease of the spongy texture of the bone.

*"Indictment and Trial of Sir Richard Rum."*—An amusing little tract has been sent to us with the above title, published by John Ford. It has been read with great pleasure. It does good, once in a while, to have our risibles stirred, considering the gravity with which the subject has been generally discussed. We think there are a great many important truths contained in the above little tract, and we feel it always our duty to take a passing notice of whatever may promote a cause so nearly allied to Medicine, as is the Temperance Reformation.

*Mass. Med. Society.*—A correspondent under the signature of "H." informs us, in reference to our suggestion a fortnight since that the business journal of the State Society should be published, that this has been done for some years past. We beg leave to ask how long after the meeting of the society the record is ordinarily published.

*N. American Archives.*—The Baltimore Medical Journal, which has been published for the last year under the title of the "N. American Archives of Medical and Surgical Science," is discontinued. It has been ably conducted by Professor Geddings, and deserved a better fate. This is no less than the fifth medical periodical in this country, within the last three years, which has come to a premature end.

*Medical Indifference.*—A correspondent writes to us from a certain section of the south—"It is surprising that so few of the physicians in this part of the country read any medical journal. The majority of them, particularly of such as are a little advanced in life, are quite indifferent as to improvements in the profession." There are members of the profession in this section of the Union equally remiss. If ignorance were bliss, it would hardly be worth while to disturb them with the improvements and discoveries of modern times in the healing art.

**Physic and Surgery in Egypt.**—A short distance from Cairo, Ali Pacha has established a permanent military hospital, and placed it under the charge of European surgeons, and the same rules and regulations have been adopted that distinguish the very best hospitals in other countries. A medical school has also been organized, in which practical anatomy, botany, mineralogy and chemistry are regularly and systematically taught by well qualified instructors. Certainly the despot of Egypt is an extraordinary man.

**Medical Bookstore.**—Every stranger complains that medical books, late, new and rare, are not to be found in Boston. An exclusively medical bookstore is a desideratum in this great city. One properly managed, with a view to the accommodation of the profession in the town and country, would not suffer, eventually, for want of patronage.

**Hanover Medical School.**—A correspondent remarks that there has been some falling off as it regards the number of students, the present term. Perhaps the painted bones are no longer a novelty.

**DIED.**—At Rutherford, N. C. Dr. Charles L. H. Schieffelin, aged 35, formerly of New York.—In Jacksonville, Florida, Charles Hoyt, M.D. 30, son of the late Hon. Elihu Hoyt, of Deerfield, Mass.—In Hallowell, Me. Hon. Benj. Vaughan, M.D. aged 81. In Newburyport, Dr. John Thurston, 47, late of the U. S. A.

Whole number of deaths in Boston for the week ending Dec. 12, 42. Males, 26—Females, 16.  
Of measles, 7—bowel complaint, 1—infantile, 6—croup, 1—gravel, 1—dropsy on the brain, 2—consumption, 5—lung fever, 1—hooping cough, 2—dropsy, 1—worms, 1—fits, 2—suicide, 1—teething, 1—old age, 2—intemperance, 2—typhous fever, 2—scarlet fever, 1—mortification, 1—dysentery, 1. Stillborn, 3.

## ADVERTISEMENTS.

### MEDICAL TUITION.

The subscribers have recently made some additional arrangements for the instruction of medical students. A suitable room is provided, as heretofore, for the use of the pupils; the necessary books are supplied, and a systematic course of study is recommended. Personal instruction is given to each pupil in each of the several departments of medical knowledge. Every facility is provided for the cultivation of practical anatomy, which the present improved state of the law permits. This department will receive the constant attention of one of the subscribers, who will always give each aid and instruction as the pupils may need.

The pupils have free admission to the lectures on Anatomy, and on Surgery, in the Medical School of Harvard University, and to all the practice of the Massachusetts General Hospital; and generally they have opportunity to attend private surgical operations.

The terms are, 100 dollars per annum; to be paid in advance.

Boston, October, 1835.

Oct 28—Steep

JOHN C. WARREN,  
GEORGE HAYWARD,  
ENOCH HALE,  
J. M. WARREN.

### MEDICAL SCHOOL OF MAINE.

The Medical Lectures at Bowdoin College will commence on *Monday*, the 22d day of February, 1836

Anatomy and Surgery, by JESSE COBB, M.D.  
Theory and Practice of Physic, by WILLIAM PERRY, M.D.  
Obstetrics and Medical Jurisprudence, by JAMES MCKENZIE, M.D.  
Chemistry and Materia Medica, by PARKER CLEVELAND, M.D.

The *Anatomical Cabinet* and the *Library* are annually increasing.

Every person, becoming a member of this Institution, is required *precisely* to present *satisfactory* evidence that he possesses a good moral character.

The amount of fees for the Lectures is \$50. The Lectures continue three months.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September.

Brunswick, November, 1835.

N18—Steep

P. CLEVELAND, Secretary.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. OLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. J. V. C. SMITH, M.D. Editor. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$2.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy, *gratis*.—Postage the same as for a newspaper.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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[NO. 20.]

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## ON THE PRINCIPLES OF TREATING DISEASE.

FROM A LECTURE INTRODUCTORY TO A COURSE ON SURGERY AT THE ALDERSGATE  
SCHOOL OF MEDICINE, LONDON.

BY MR. SKEY.

A COURSE of lectures on surgical science admits two very distinct objects of study : the first comprises the *principles* which guide us ; the second, the application of those principles, known under the term of practice or treatment ; and on these two subjects I beg to engage your attention for a few minutes. By principles, we understand general rules, which, although modified by circumstances, are applicable to all similar examples of disease. The principles which govern practice are based on a knowledge of the great functions of life, both physical and moral ; namely, physiology ; but surgery demands the knowledge of the anatomist, by which alone we can detect deviations from healthy structure, and without which we cannot advance one step towards their removal. In speaking then on the subject of the principles of surgical practice, I return to those of anatomy and physiology. The first tells us the situation, form, relation, and structure, of every part subject to disease. Physiology expounds their healthy functions, and their mutual dependence on each other : we must be conversant with both. With respect to anatomy, then, how can the man who is ignorant of the healthy appearance of the human eye, determine its diseased condition ? How will he distinguish the extent to which that delicate membrane the iris deviates from health, who is ignorant of its healthy or normal appearance and character ? How will he be enabled to pass a needle into the interior of the globe, for the purpose of displacing the opaque crystalline lens, in cataract, if he be unacquainted with the size, form, and connection of that body ? Look at the numerous forms of accidents attending joints, and say if it is possible that the man who is ignorant of their natural form, and the connection of their parts, can determine on the one hand, or attempt to remedy on the other, the accidental injury they have sustained.

There are, however, doubtless many surgical diseases, the treatment of which may be effected, without any immediate reference to the science of anatomy ; but is there any that does not bear, more or less, immediately on that of pathology ? Certainly none. Take the simplest form of surgical disease, an ulcer. By what means is its progress arrested ? We know that in the condition of health, the arterial circulation of a part should remain steady and unexcited ; its temperature cool and uniform. We find it hot, red, painful, and the vessels are unnaturally distended with blood ; they relieve themselves by pouring out matter ;

the skin bursts ; the unhealthy condition of the vessels remains ; the surface fails to heal, and an ulcer follows, for there is a variety of ways in which such a malady may arise. How shall we determine the treatment ? We observe the character, whether inflammatory or otherwise ; we reduce the undue action of the vessels by such remedies as experience has taught us are beneficial ; and, having accomplished this, we proceed to another stage of the treatment, which consists in urging nature to heal the wound. In the attempt to avert or cure disease, the importance of this branch of physiology is inestimable ; I would say it is the groundwork of all medicine,—in its most comprehensive sense, a knowledge of the principles of life.

Nature has endowed the organized world, both animal and vegetable, with a principle which cherishes growth and which presides over every action of which its organization is susceptible. The same spirit, jealous of defect, controls disease, repairs injury, and by its continued influence tends to maintain the outward physical form, as well as to repair the inward defect of function to which the frame is liable. It has been called the *vis medicatrix nature*. In the language of the Latin poet,—

“ *Spiritus intus alit, totamque infusa per artus  
Mens agitat molem et magno corpore miscet.* ”

It consists in an evident and universally acknowledged effort on the part of nature, to ward off disease and to preserve life. “ A spirit of health ” predominating over the body, ever rejoicing in its salubrity, ever contending against injury. Need I illustrate it by examples ? They are endless in variety. Why does an abscess invariably advance towards the surface, but for the purpose of discharging its contents without injury to the body ? The liver would appear to possess discrimination in evacuating the contents of a similar disease through the abdominal parietes, in preference to the cavities of the abdomen and chest, to which it would have nearer access. In tubercular abscess, the large vessels of the lungs are, as it were, incrustated with lymph, lest their rupture should be fatal to life ; and this effort is especially beautiful, inasmuch as the disease itself is necessarily fatal in its termination. For here we see the contention most vividly between an irremediable disease and the unremitting effort of this “ spirit of health.”

In the disease of bones, how beautiful, how varied are the exertions of this protecting principle, in which a bone is destroyed by a wasting disease, arresting all chance or power of reparation,—during the process of destruction, a new pillar is in process of erection, by which the diseased fabric is fortified, and the limb restored to health and action ! Observe the structure of artificial joints, or those from which the cartilage is absorbed ; here we see the respective ends of the bone or bones, carefully rounded off and polished, to simulate as much as possible the original structure. The formation and increase of large aneurismal sacs ; their temporary protection from rupture by the dense layer of coagulum by which they are lined ; their evident desire (if I may so express it) for contraction and subsequent obliteration ;—the contraction of the divided ends of large arteries ;—the formation of accidental bursæ, for the protection of the subjacent bone, whenever the skin is subjected to continual

pressure or friction ; the almost dental hardness of the gum, consequent on the loss of teeth, and the approximation of the teeth on the loss of one or more ;—the inflammatory and lymph-effusing condition of a wounded intestine, by which its injured surface becomes agglutinated to the parietes of the abdomen, or to another portion of intestine, thus closing the otherwise fatal aperture ;—the really astonishing co-operation of this healing, this protecting influence, with the hands of surgeon, in transmitting the contents of the intestine, along a devious track, in artificial anus, from the upper to the lower opening, and the subsequent earnestness with which the margins of the bowel unite for the purpose of restoring the integrity of the canal. Observe the analogy in this respect of vegetable to animal life. Plants are provided with muscles, by which they open and shut their flowers, and turn their leaves to the sun, even if they have been repeatedly folded back from it ; the turn of a hop plant is invariably directed towards the course of the sun, and it soon dies if artificially forced into an opposite line of growth ; remove the obstacle, and the plant quickly returns to its former position. When the straight branches of the honeysuckle can no longer support themselves, they acquire strength by becoming spiral ; when they meet with other branches of the same kind, they coalesce for mutual support, and one spiral turns to the right, the other to the left, thus increasing the probability of their finding support by the diversity of their course. If a plant be placed in a room which has no light, except from a hole in the wall, it will shoot towards the hole, pass through it into the open air, and then vegetate upwards in its natural direction. The shoots or tendrils of creeping plants are invariably directed towards the nearest object, to which they cling, and the direction of the tendrils may be repeatedly altered, by changing the position of the object attracting them. From these, and a variety of similar evidences of spontaneity, it has been inferred that vegetables have a limited degree of sensation and enjoyment, and that they have an inferior participation in the common allotments of vitality.

I might cite endless examples of Nature's anxiety to maintain health, by throwing off disease or obviating deformity. Now, where does this power reside ? In what does it consist ? The advance of time had made considerable encroachments on the eighteenth century, before the antiquated doctrines of the chemists and mathematicians succumbed to the more just and reasonable views of the *vitalists*. For this revolution we are greatly indebted to Stahl, who was forcibly impressed with the difference between the changes which the components of the body experience during life, and what would occur in the same substances under other circumstances ; hence he concluded that when they form a part of a living system, they must be possessed of some additional principle, that counteracts the effects that would otherwise be produced. To the agent that thus opposes the physical powers of matter, and to which the body owes its vital properties, he gave the name of *anima*. He considered it to possess powers of a specific nature, and attributed to it a species of intelligence which enables it to act the part of a rational agent, and to superintend all our corporeal operations. Van Helmont applied to the same principle the term "*Archeus*."

But what are we to understand by these terms ? The immediate

nature of this principle, or the mode of its operation, we are totally ignorant of. It is sufficient for our present object that we acknowledge its existence, observe its influence, and obey its dictates.

I say emphatically, *obey its dictates*. We talk of many diseases in a tone of arrogant defiance of the very laws which direct our every step. Take a wound, for example. The utmost limit that the surgeon can advance to, is that of bringing the margins in close contact, and keeping its surface clean, and where he fails in this end, nature is compelled to come to our assistance, and heal by new substance what with a little extra aid she would have accomplished with much more ease and readiness. What is the extent of the boast here? That of an humble and almost powerless assistant; and thus it ever must be. We must ever continue humble followers in the path of nature, and dependent on her bounty.

The first part of my duty here, then, as your instructor, is, to disabuse your minds, by directing your attention to that influence and authority which you do *not possess*. Nature is imperative; she is arbitrary; her laws are immutable; she will sustain no interference, and listen to no compromise. *This* I conceive to be the first and most paramount concession to her power, demanded of the practitioners of our art, that we enter on our task prepared to watch and to obey. Let us then study her peculiarities, and, as far as possible, imitate her example. It will thus be my wish to inculcate a simplicity of practice, in which consists the only true philosophy of the art of healing. We are the sappers and miners in the forces of nature. We attend her path with the view to remove obstructions—to cleanse impurities—and having accomplished this, to leave her unmolested and uncontrolled. If I dwell on this subject, it is because here I would place the gravamen of a charge against those members of our profession, who, wanting a firmness of reliance on the authority of nature, or patience in its application, intrude upon her path with an unseasonable and officious zeal, perverting her energies by the application of means subversive of her most obvious intentions.

To Mr. Abernethy, whom I am proud to have called my friend as well as my instructor, the profession owes a debt of gratitude for enforcing, both by his precept and by his example, the value of this all-important principle. “Subdue *local irritation*,” says he, “and regulate the action of the digestive system, and you control all controllable disease.” To him it appeared (how is it surprising that it should have done so?) the philosopher’s stone of medical practice; and if I express my regret that his application of it should have been so universal, I am bound to declare that within the circle of my experience no man was so successful in the controlling of chronic disease as he.

I say again, study nature, assist and second her intentions, but do not attempt to lead her. The influence of remedies for the most part is but negative.

[To be continued.]

## THE WORCESTER CONSULTATION CASE.

*To the Editor of the Boston Medical and Surgical Journal.*

MR. EDITOR,—I notice in your Journal of November 4th, a communication under the caption of "Vexatious Consultations," inviting a discussion of "medical police in relation to consultations," and of the "etiquette in cases of consultations." I agree with the author that it is an important subject, and ought to be better understood. I should be much pleased to see the subject fairly treated in all its bearings, not only the duties and conduct of the *counsellor*, but of the *counselled*, showing how far the latter may be justified, after agreeing to a particular course of treatment in consultation, to modify or wholly to omit such course without trial; or in what cases it is proper for a physician, when requested by "his unsuspecting brother" to visit a patient for him during his temporary absence, to retain such patient after his return and contrary to his wishes; in short, a thorough exposition of all the rights of the parties in interest.

In regard to the particular case stated in the communication, I have no doubt I am the person alluded to; and thinking the most important facts therein related require the addition of an *errata*, shall endeavor to supply that part, to enable the public to draw correct conclusions from the case. I would premise, however, that if the gentleman had expressed any dissatisfaction to me, I believe I could have satisfied him that he had but very slight if any grounds of complaint. But as he has adopted a different course, and brought the subject before the public, I deem it a duty to myself, in the same public manner, to correct the misrepresentations contained in the communication.

In the first place, who was in fact the attending physician? The messenger called at my house, I being absent. He, on his return, saw Dr. Workman, and without any direction from the parents of the boy, called him in. The Doctor arrives, examines the case, but the father, according to the Doctor's own statement, requests that nothing be done until another physician be called, and immediately came again for me himself; but not having returned, and he being informed that I was momentarily expected, left word for me to come as soon as I did return, and went directly to the Hospital for the distinguished medical gentleman mentioned in the communication. I returned a moment after he had left my door, and went directly. On my arrival I found the boy sitting in a chair, and the Doctor supporting the arm. I examined it, and found a very severe contusion on the outer part of the shoulder. That portion of the deltoid muscle which came between the head of the humerus and the substance impinged against (whatever that might be), was completely mashed, and great ecchymosis was produced, attended with exquisite sensibility, and much swelling immediately about the wound. The arm was dressed, and I left the house, not expecting to see the patient again. I was followed to my carriage by the father of the lad, who requested me to take charge of the case, stating "that it was a mistake entirely in Dr. W.'s being called—that he did not intend he should have anything further to do with it, that he did not appear to understand the case." I replied that if that was the case, I would visit him in the

morning, and requested him to inform the Doctor of the arrangement, as I was in too much haste to return again into the house. So much for the call ; and now a word on the subject of "ignorance concealed."

The Doctor has made a *slight* variation in his diagnosis in his communication, from the one delivered at the time of the accident. He then gave it as his opinion that it was the neck of the *scapula\** that was fractured, instead of the *humerus* as mentioned in the communication ; and when the correctness of that opinion was questioned, and a suggestion that the coracoid process might be broken by the head of the humerus being driven violently against it, he mistakes the effort to ascertain that circumstance, for an effort at reducing it.

In the absence of all testimony in relation to the precise position in which the boy fell, we are obliged to infer from the little attending circumstances how that must be.

That the impinging surfaces came perpendicularly together, and not obliquely or with a glancing blow, we infer from the small circumscribed appearance of the wound, and completely broken down state of the deltoid muscle at the point of contact. And that the position of the body was very nearly on the side, with the hips and lower extremities a little more elevated than the head, we infer from the wound on the shoulder being a little behind the posterior or outer margin of the groove for the long tendon of the biceps, and likewise from various scratches on the side of the face and a considerable bruise on the upper part of the ear, all of which little circumstances I presume escaped the Doctor's notice.

The position in which the boy struck the ground being established, it follows that the line of direction of the fall would pass very nearly diagonally between the scapula and clavicle, a little nearer the former than the latter. I submit, therefore, whether there is any natural or physical impossibility in the supposition that the cartilage at the anterior margin of the glenoid cavity might be considerably injured, when the head of the humerus is thus driven violently against it. From the "jerking motion" felt by the Doctor, and likewise feeling the same myself, I have no doubt it was injured. But no crepitus like that produced by a fractured bone, could be detected by myself or either of the two other medical gentlemen present, which, I think, if it had been as distinct as we are led to suppose from the communication, would not have escaped the notice of all of us.† But how "the outer fragment of the bone" could be "displaced forward half an inch by the strong contraction of the pectoral muscle," or how "an occasional spasm of the pectoralis major" could "displace the exterior fragment forward," I must confess a little puzzles me. It is very unfortunate that the deranged perceptions of the gentleman's visual organs should convert the support given to the arm, to save the boy the suffering produced by its hanging down, into a "pertinacious hold" to prevent the other gentleman from examining the arm.

Perhaps the circumstances which occurred in the progress of the cure

\* For the truth of this statement, I have the certificates of both the other medical gentlemen present.

† Perhaps when the Doctor becomes a little more familiar with the sensations produced in the examinations of fractured and injured limbs, he may be able to decide with more accuracy as to the kind of crepitation he may feel, whether it arises from a fracture of a bone, an injury of a cartilage, or the separation of an apophysis.

may throw some light on the nature of the injury. The fourth day the bandages were all removed, and gentle extensive motion given to the arm in every direction, without producing any pain. The color of the surface immediately around the wound was of a greenish yellow. The wound itself was about an inch in diameter, very soft, and, from the color, no doubt contained a quantity of effused blood. The inflammation, which never was but slight, gradually subsided, and in about twelve days the dressings were all removed, and he uses it nearly as well as the other, a slight weakness only complained of. There is now a small pit, where the skin adheres to the top of the humerus, at the large tubercle where the supra-spinatus muscle is inserted, which fixes the precise point of the injury with more precision than the terms "anterior exterior."

A word more, and I have done. It appears, by the Doctor's own showing, that he was not permitted to do anything for the boy without advice, which, to most physicians, would have been a diagnostic symptom that their services were not particularly acceptable, and would induce them to withdraw the first convenient opportunity, without waiting for more explicit information. Under all the circumstances, was the Doctor in such possession of the case as to entitle him to the appellation of "attending physician?" And does not *his* conduct savor a little of the "hyæna?"

BENJ. F. HEYWOOD.

Worcester, Dec. 12, 1835.

## CLINICAL LECTURES OF M. LUGOL ON SCROFULOUS DISEASES.

DELIVERED AT THE HOSPITAL OF SAINT LOUIS. LECTURE I. INTRODUCTION.

TRANSLATED BY J. CHICKERING, M.D. BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

BEFORE entering on the subject of this course, it will be important for you, gentlemen, to bear in mind that observation is almost everything in medicine. Being myself impressed with this maxim, I determined to devote fifteen years exclusively to the observation of scrofulous diseases; and it is after having followed up this plan, that I am now able to command the materials for the present course.

There are affections which require the greatest attention, both on account of their frequency and of the various phenomena presented by them. To this class belong scrofulous diseases. The word scrofulous is derived from the Latin word *scrofa*, a sow. This name was adopted by the ancients, on account of the resemblance of the scrofulous tumors to those of swine. This disease has been called *the king's evil*, because patients were in the habit of seeking the royal touch, to which salutary effects were ascribed.

As to the nature of scrofula, it is unlike other affections; in all cases some cause acts on an organ, and soon produces functional disturbances, which transfer it to other parts.

In scrofulous patients, the cause acts but slowly, sometimes on the individual himself, sometimes only on the parents from whom they are descended. Thus, in the community, we find whole families whose

constitution is so much impregnated with the scrofulous affection, that the slightest examination will detect it. A large head with a short neck, enlarged salivary glands, large blue eyes, covered with thick eyelids, a large uneven (écrasé) nose, a large mouth, large chapped lips, prominent (pommettes), bloated face, seeming at first view to be healthy, a delicate and white skin, light hair, &c. these are the first indications of scrofula, before organic and functional change in any part compels the patient to solicit aid.

In the scrofulous, the intellectual faculties are well developed : there is generally considerable muscular weakness ; fatigue is illy borne. The heart and lungs are generally small ; the circulation slow, and respiration feeble. As calorification is not active, the scrofulous always have cold extremities. Digestion is tardily performed, and the secretions are very abundant, especially from the cutaneous and mucous surfaces. In its second stage, scrofula is not limited to debilitating the constitution, but directs its action particularly to some primary system of the economy.

Observation leads us to regard the cellular tissue as the primary seat of morbid change in scrofula. In infancy it is the mesentery which first becomes the seat of secondary organic change. The glands become engorged ; the abdomen becomes hard and tense ; the child is emaciated by reason of the enlarged abdomen, and becomes bed-ridden (*succombe victime du carreau*). In a more advanced age, the ganglions of the neck denote the presence of scrofula ; numerous tumors, at first moveable under the skin, but soon adherent, point out the well known course of the ganglionic masses, and acquire such a volume as to make the neck a continuous plane with the face. The mucous system, soon after the lymphatic, becomes the seat of maladies from the same cause. The mucous membrane which lines the organs of the senses, is first affected with it. The conjunctiva of the eyelids is swollen, and appears œdematous. At the union of the mucous membrane of the nose with the skin, below the cartilage of the nose, above the swollen lip, we see at the same time a chronic inflammatory swelling ; and by this prominence, a peculiar expression is given to the face.

When scrofulous affections extend to the mucous textures, they soon invade the cutaneous system. On the head, for example, where the hairy scalp is close, and abounding with bloodvessels and nerves, the effects of scrofula are limited to small ulcers, and to numerous hairy follicles, whose albuminous and concrete suppuration forms those different scaly plates known under the name of *scurf*.

The bones are sometimes the first to exhibit traces of scrofula ; then there supervene deviations in the spinal column, and articular swellings which are called *white swellings*. When a scrofulous patient has arrived at the last period of growth, or puberty, it is the viscera which then become affected by this vicious diathesis. The uterus of a girl at puberty becomes affected with *fluor albus*, which at once destroys her plumpness and bloom. In the lungs, the liver, the spleen, and the intestinal follicles, a morbid production, variable in the form and volume, but constant in the composition, soon manifests itself ; it consists of small and generally round masses, which compress and waste their tissue. They are tubercles ; their presence constitutes those diseases which we call *phthisis* ;



diseases the more grave, as they affect the most essential organs of life, and whose termination is most frequently the destruction of the organ and the loss of the patient. Such is the general course of scrofula. At the next meeting we shall speak of the causes of scrofulous affections.

December, 1835.

## THE SCIENCE OF HUMAN LIFE.

EXTRACT FROM MR. GRAHAM'S INTRODUCTORY LECTURE.

[Communicated for the Boston Medical and Surgical Journal.]

WE see that both the natural and acquired appetites, propensities and habits of man, and all the circumstances of life which act on his natural and moral susceptibilities, concur to divert his attention from the study of the science of human life, and fix it on present self-enjoyment, and on the pursuit of the means of supplying his natural and artificial wants. And hence, he is left to *feel* his way to, or gather from what he calls experience, most or all the conclusions which he embraces, in regard to the laws of life, health, and disease.

This source of knowledge is as utterly fallacious, as it is delusively specious; and the more deeply and extensively mankind are betrayed by it, the more totally blinded do they become to its treachery, and the more zealously and confidently do they contend for its validity.

Suppose a number of individuals were engaged in the study of mineralogy, and the following dialogue were to take place between them and their teacher. Advancing to one of them, with a specimen in his hand, the teacher inquires—"What do you call this?" "It is granite, sir." "Granite! are you confident?" "Quite confident, sir, I am certain I cannot be mistaken." "But why do you think it is granite?" "O, sir, I know it is—I know by my *experience*, sir, perfectly well. I have not lived so long in the world for nothing, I assure you. I have had a great deal of experience, and my experience has taught me, these twenty years, that it is granite, and nothing but granite; therefore I know it is granite." Passing the same specimen to another individual, the teacher repeats the interrogation—"What do you call that?" "Why, sir, that is limestone, to be sure." "Limestone! are you not mistaken?" "O, no, sir, I am perfectly certain it is limestone, sir—I feel that it is limestone, sir. I know it is. I know by my own feelings, sir,—and I am sure I know my own feelings better than anybody else does." "But the person who examined it before you," says the teacher, "asserted with equal confidence that it was granite, and declared that his experience, for twenty years, had proved it to be granite." "O, very well, sir, very well. That may be, too, and both be right." "How so?" "Why, don't you know, sir, that what is granite to one man is limestone to another? Surely, you know, sir, that all constitutions are not alike. There is a great difference in constitutions, sir; and what is granite to one constitution may be limestone, or quartz, or felspar, or hornblende, or gypsum, or something else, to another constitution. That everybody knows, sir. At any rate, I know by my own feelings that this specimen

is limestone to my constitution." "But may you not be mistaken in regard to your feelings?" inquires the teacher. "Mistaken, sir! How should I be mistaken? Who should know my feelings if I don't? I guess you won't convince me that I don't know my own feelings better than anybody else does—and I know I can't be deceived by my own feelings, sir—and my feelings tell me that to my constitution this is limestone."

Now, what would be thought of such a mode of studying mineralogy? or what attainments in the knowledge of the character and properties of minerals, could be expected from such a course? Yet, it is precisely the manner in which everybody reasons in regard to human life and health and disease, and general regimen. Every person knows from his own *feelings and experience*, precisely what kind of constitution he has—and what agrees and what disagrees with it; and everybody knows exactly what agrees and what disagrees with his own stomach; and is taught by his own experience what is best for his constitution and his health and strength and comfort. And surely, if a lady has the headache, she knows her own feelings better than anybody else does: and if she drinks a good strong cup of tea and the pain leaves her head, nobody ought to be guilty of so gross an insult to her understanding as to attempt to convince her that tea is a poison, and that her use of it is a principal cause of her headache; for she knows that she always feels better after drinking tea; and, from fifteen to twenty years experience, she knows that there is no better remedy for headache, than a good strong cup of tea: for she has been subject to the headache for nearly twenty years, and the frequency and violence of the turns have gradually increased upon her from the first, till she is now obliged to give up all business, or pleasures, and take to her bed for the whole day, whenever she has a turn, which is certainly as often as once a week, and sometimes more frequent: and she has always found that tea is "the sovereignest remedy in the world" for headache.

Who can reason against such facts as these? or have the temerity to advance a theory which contradicts the universal experience of mankind? We confess that the enterprise is an arduous and a daring one; and is cheered by no encouraging prospect, except the possibility that mankind can be undeceived in regard to the validity of their feelings and their experience, as rules of life.

We do not, however, wish to convince our fellow creatures that they have no *feelings*, nor that they do not know when, and how much they feel: but we wish to convince them that the kind and degree of their feeling by no means teach them what causes it, nor the principles upon which its existence depends. We are willing to concede to the lady, that she knows best how her own headache *feels*, and that she knows it is relieved by a cup of tea. But does she know either the remote or immediate cause of her headache? Does she know the vital properties and powers and functional relations of the organs of her body; and does she accurately understand the healthy and the diseased affections and sympathies of those organs? Does she know the qualities of the tea in relation to the vital properties and functional powers of her system? Does she know the direct and the ultimate effects of the tea on her

system?—how it produces the pleasurable feelings, and how it removes the pain of her head? And does she know whether the very effects of the tea, by which the paroxysms of her headache are relieved, are not the principal source of her headache, and the main cause of the frequency and violence of the paroxysms? If not, what are her feelings and experience worth, to herself or others, as rules of life, by which she or any one can judge of the fitness of her habits to the laws of life and health? We answer, not a farthing! Nay, indeed, they are worse than nothing—mere delusions by which we are decoyed from step to step along the specious labyrinths of sensuality and suffering. And such, with rarely an individual exception, is the universal experience of mankind. We acknowledge that they *feel*, and that they know whether their feelings are pleasurable or painful. But do they know physiologically *how* or *why* they feel; and understand the relation of their feelings to the powers and laws of vitality, and to the condition and functions of the living organs?

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#### AUTOPSY OF AN OPIUM EATER.

BY M. S. PERRY, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

Was called to see Mrs. —, aged 77, Dec. 8th, and obtained the following history of her case from her friends. Patient was of nervous temperament, but enjoyed very good health till about nineteen years since. At this time had an attack of pleuritis, which left her with a cough. For this she was advised to take tinct. opii. Her cough has continued from that time to this, worse in winter than in summer; has raised blood occasionally, mixed with mucus; always expectorates some when she coughs. For last nine years has used the solid opium in large quantities—15, 20, and sometimes 30 grains per day. Has been confined now to chamber seven weeks, and for five weeks has not taken any food; has only drank a little water occasionally; has taken 30 grains of opium every night—could not sleep without it, but would scream till she had the quantity; 15 or 20 grains would not quiet her. She is naturally a small eater. She has had no dejection for five weeks; has made but little water, and that was thick and dark-colored. She died the same night.

*Autopsy*, twelve hours after death.

*External appearance*.—Very much emaciated; skin of a dark brown color; cuticle loose, falling off in scales; muscles rigid; chest sounds well on percussion; abdomen flat.

*Chest*.—Right lung adhering by a strong membrane near apex and posterior part of upper lobe; apex filled with small grey tubercles, two or three of which were softened. There was also in this part of the lung a small abscess, the size of a common walnut, filled with pus; did not communicate with the bronchia. No tubercles in middle or lower lobe; some congestion in latter. Left lung adhering near apex, adhesions firm and strong. There was also a small membranous band running from the inferior part of upper lobe, and adhering near fourth rib. This was of

recent formation. This lung was healthy, with the exception of two or three small tubercles near apex.

The mucous membrane of the bronchia, near the bifurcation, redder and softer than natural, and in one or two of the small bronchiæ on the left side, it appeared for a line or two entirely destroyed. Membrane throughout lined with mucus. *Bronchial glands* not enlarged—of a dark color. *Heart*. Pericardium natural; did not contain any serum. Walls of left ventricle thickened, cavity small. Right ventricle dilated; no disease of valves.

*Abdomen*.—On opening into this cavity, the stomach was seen extending from the diaphragm to within an inch of the pubis. It measured twenty inches from the cardiac orifice to the pylorus, round the large curvature, and eleven inches round the small. It was contracted in the middle; coats thinner than natural; mucous coat red, quite thin and tough, and firmly attached to the muscular coat; an appearance of ulceration commencing near pylorus.

*Intestines*.—The small intestines were pushed forward by the stomach into the pelvic cavity. The mucous coat, through whole distance, perhaps redder than natural, and adhering closely to the muscular coat. No appearance of ulceration in any part. Peyer's and Brunner's glands healthy. Large intestines crowded with fæces.

*Liver* small, of a dark color, not granulated. *Gall-bladder* contained five or six ounces of dark viscid bile; no disease of ducts. *Kidneys* soft, small, but otherwise healthy. Spleen small, quite firm, and of a darker color than natural. Mesenteric glands not enlarged. Head not examined.

*Boston, December, 1835.*

#### MASS. MEDICAL SOCIETY.

##### *To the Editor of the Boston Medical and Surgical Journal.*

SIR,—When you a few weeks since expressed a strong wish that the "business journal" of the proceedings of the Mass. Medical Society were published, I addressed you a note, reminding you that the thing had been done every year for nine years past. I took it for granted that you would be glad to make the correction. But instead of doing it with the distinctness which the importance your former remarks gave to the subject deserves, you ask "how long after the meeting of the Society the record is ordinarily published." The answer is of course within your own observation, because, as a fellow of the Society, you must have received the publication annually. The whole matter is not perhaps of any great moment; but since you have called it up, it is but an act of justice to inform those of your readers who are not fellows of the Society (those who are, of course know it already, if they read the publication sent to them), that the proceedings of the Society at its annual meeting, and an abstract of the proceedings of the Counsellors, are published every year in an appendix to the pamphlet containing the annual discourse, and when there is no discourse, as happened a few years since, the appendix is published by itself. This publication, as I remarked to you in my last note, contains everything which can possibly possess

any interest to any one, except occasionally some matter of personal concern, which it would obviously be unjust to an individual to make public ; such as a rejected nomination, for example. The reports of Committees are always given at length, and all the action upon them in as much detail as the records themselves. In regard to the time of the publication, the vote of the Counsellors requiring it, directs that it be made within a month after the annual meeting. In practice, it has often been found that a little more than that is taken up in getting the discourse (and sometimes there are other articles published with it), through the press. But it is never more than a few weeks after the meeting, before the journal is printed and distributed to every fellow and retired member of the Society within the State. H.

*Boston, Dec. 1835.*

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**BOSTON MEDICAL AND SURGICAL JOURNAL.**

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BOSTON, DECEMBER 23, 1835.

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**EDITORIAL MISFORTUNES.**

AMONG the many grievances, not always necessarily growing out of the management of a periodical, but which seem by the constitutional laws of free discussion to be inseparably connected with the business, the misconception of readers is decidedly one of the most afflictive. Paragraphs which were never intended to have even a remote personal bearing on any one, by the morbid excitability of some are seized upon with avidity, and magnified, by the active workings of a vivid imagination, into heinous offences, alike disreputable to the writer and subversive of the first principles of social order. Others, full of the very spirit of benevolence, are occasionally shocked with the discovery of what they conceive a cunningly devised inuendo, which, like a torpedo, is eventually to explode with dreadful effect, blowing into atoms a favorite of their own, in the tangible shape of a book, an institution, or the more complicated machinery of an association of men engaged in the pursuit of one common object. In the same sentence that excites the indignation of one, and alarms the fears of another, a third is perfectly delighted with the staunch independence of the editor, who cuts and slashes, to his apprehension, with the fearlessness of a Janissary. He glories in the threatened destruction that awaits monopolists in any department of professional career, who have been more successful than himself—forgetting that his own disposition actually prompts him to adopt precisely the same system of measures which he so vehemently condemns in a rival. Lastly, for it would prove an interminable toil to particularize the character of each class of critics sitting in continual judgment, the cautious meddler, whose profound regard for all mankind is manifested in soft whispers by way of advice, as he loves, more than the soul that animates him, to witness the sweet influences of friendship, warns us to be careful, lest umbrage should be given somewhere, and a subscriber might be lost ! Now it is the clearest of all propositions, that in order to meet the exact requirements of these several orders of argus-eyed commissioners of faults, our Journal should be issued without the impress of a single type upon it—and then no one would be

suited. Therefore, we have fully resolved to suit ourselves, at the same time entertaining a strong hope of being serviceable, as far as our humble means will allow, in contributing to the extension, respectability and usefulness of medical science over the domain of our common country.

We beg leave to direct our readers to the communication of H. in the present No. of the Journal, by way of illustration. It is, in essence, a severe examination of a remark we had occasion to make a few weeks since, in relation to the business journal of the Medical Society. Our correspondent is certainly right in declaring that it is printed and distributed. But, unfortunately, he mistook our meaning at the outset. Instead of being exclusively circulated among the fellows, we contend that other people,—aye, the profession every where,—have an interest in it, and, as common property, it should go forth in all the periodicals through which such intelligence is usually promulgated. In the manner also of calling this society together, show us the difference between such calls and those directed to the stockholders of a common insurance company, for example, and we are ready to acknowledge ourselves in error. Are such notices circulated in those publications most likely to be seen by members of the society? And where a meeting has been brought to a close, are the doings ever generously made known through similar channels, for the good and behoof of such as may happen to reside two miles beyond the boundaries of Massachusetts proper, unless a reporter is fortunate enough to gather a few imperfect sketches? No one more highly venerates this institution than ourselves, sustained as it is by the first grade of medical powers; and owing to the predominance of this feeling, we have urged a point, perhaps to make an enemy, when we would have made the society many friends.

#### COMPARATIVE ANATOMY.

FINE opportunities have been offered of late, for pursuing this important study. Several large and rare animals having died, have been generously given, immediately after, to those most competent to prepare them for the cabinet. A careful eye should be had to the menageries, that nothing be unnecessarily lost, which would be of service in illustrating either animal mechanics or animal functions. A lioness, a moose, and several rare varieties of the monkey, are now being carefully dissected in this city. The Natural History Society's museum, in Tremont Street, which, by the by, should be visited by medical strangers, contains excellent natural skeletons of the rhinoceros, and ostrich, besides many other equally rare animals of the old world. The collection of skulls of animals, which has been gradually enlarging since the organization of the association, has become very considerable. Beautifully prepared bones of the jaws of a monstrous alligator, and the countless number of smaller specimens of the osteology of smaller reptiles, could not fail to interest a very indifferent spectator.

#### COMPARATIVE MORTALITY OF THE SEXES IN PHILADELPHIA.

THE American Journal for November contains some very curious and interesting observations on this subject, based on tabular statements from the public record of deaths. It appears that of the children born in Philadelphia during the ten years included between 1821 and 1830,

amounting, according to the returns made to the Board of Health, to 64,642, there were 2,496 more males than females. But notwithstanding the males at birth thus exceed the females about 7 1-2 per cent., a reference to the census of 1830, shows that by the fifth year of childhood the male excess is reduced to about 5 per cent., and at ten years to only 1 per cent. ; and that the reduction still going on, the females between the ages of ten and fifteen exceed the males about 8 per cent., and between fifteen and twenty, 7.3 per cent.

It has been impossible to ascertain the causes which have thus reduced the proportion of the male sex during the early stages of life, until within the last three years, as no distinction of sex existed, until then, in the record of deaths occurring under the 20th year. From the records during these three years it is shown that, with but few exceptions, all the morbid influences to which the early periods of life are exposed, operate with peculiar fatality among the males. The diseases which appear peculiarly obnoxious to the male sex, are the following :—Inflammation of the brain, inflammation of the bowels, bronchitis, croup, inflammation of the lungs, fevers of all kinds (except scarlet), convulsions, general dropsy, dropsy of the head, smallpox. The few cases in which the deaths of females predominate, are in the following diseases :—Consumption, dropsy of the chest, scarlet fever, burns and scalds, whooping cough. Dr. Emerson, who has collected these interesting facts, has shown that the disparity alluded to is not of accidental occurrence, as it occurred successively during the three years in about the same proportion.

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*Boylston Med. Society.*—The Boylston Medical Society held their first meeting this season on Wednesday, Dec. 9.

An interesting lecture was read before the society, we are informed, by Dr. Gould, on a subject, which, we think, deserves a much greater share of attention from medical gentlemen, than it has hitherto received—"The study of botany in connection with medicine ; and the knowledge of the natural history of those substances which constitute medicinal agents." A considerable number of the present medical class have become members of the society. The officers for the present year are—Augustus A. Gould, M.D. President ; H. J. Bowditch, M.D. Vice President ; Luther Clark, A.B. Secretary ; and Nathaniel S. Tucker, A.B. Treasurer.

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*Re-vaccination in the army of the Wurtembergian States in 1833.*—Professor Heim states in the *Wurtemb. Mediz. Correspond.*, Nos. 10 and 11, that 1683 individuals were re-vaccinated with the following results :—34 in each 100 with success ; 22 with modified results ; 44 without any result. The patients were from twenty to thirty years of age. Of 577 who were re-vaccinated with perfectly successful results, 293 showed good cicatrices, 116 imperfect, and 168 presented no cicatrices at all. Of 366 re-vaccinated with imperfect results, 193 had good marks, 134 imperfect traces, and 39 no cicatrix at all. Finally, of 740 persons re-vaccinated without any result, 382 showed good, 222 imperfect, and 136 no cicatrices.

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*Smallpox.*—The smallpox has appeared, since our last, at Plymouth, and Worcester, Mass. We shall soon have the particulars from our correspondents in those places.

**Damages for Nothing.**—The New York Medical Journal and Review states that Samuel Thomson, the patentee of the botanic system of medical practice, has lately recovered \$20,000 damages of an individual in New York, for infringements upon his patent.

**Dr. Knox.**—This distinguished teacher of anatomy, whose name became quite familiar to the canaille, in the Burking business, a few years ago, is delighting a host of auditors in the city of Dublin. He has scarcely a rival in this important branch of human knowledge.

**New Medical College.**—The new Medical College at Augusta, Geo. is just finished, and the lectures have commenced. The Augusta Chronicle says—It is two stories high above the basement, and 80 feet long by 77 wide, surmounted by a large dome, and has a massive portico in front, sustained by six Grecian fluted doric columns, and ascended by a flight of eight steps 26 feet wide. The exterior walls are to be rough casted in imitation of stone, and, judging from the small portion just completed, will present a very beautiful and impressive aspect.

**New Foreign Journal.**—On the first of January, Sherwood & Co. of London, will publish the first number of the British and foreign Medical Review, or Quarterly Journal of Practical Medicine and Surgery, edited by John Forbes and John Conolly, M.D. editors of the Cyclopædia of Practical Medicine—Price six shillings. In this work, particular attention will be given to the state and advancement of medical science in countries especially distinguished for the zeal, activity and proficiency of their professors,—as, France, Germany, Italy and America. No reports of cases will be admitted into its pages, except in the form of critical essays. The size will be that of the largest quarterlies—eighteen sheets in each number, making two hundred and eight pages.

**TO CORRESPONDENTS.**—The first of a series of criticisms on Dr. Bell's Prize Essay has been received, and will be put in type next week.

**ARRIVAL OF PHYSICIANS FROM EUROPE.**—From Havre, at New York, Dr. Wm. Keith, of Philadelphia.—Dr. Oliver Holmes, of Cambridge, Mass.—Dr. W. C. Swann, of the city of Washington. It being our intention, as far as practicable, to keep a registry of the arrival and departure of medical gentlemen, correspondents will oblige us by intelligence of this kind.

**DIED.**—At Wilmington, Del. Dr. Joseph Thomas, aged 33.—In Rockbridge Co. Va. Dr. William L. Davidson, 25.—At Hartford, Vt. Dr. Thomas Carter, a native of Concord, N. H.—At New Carthage, La. Dr. Asa M. Ditson, 28, formerly of Wilton, Me.—At New York, Dr. David Green, 43.—At St. Thomas, W. I. Dr. Alexander Robertson, of New York.—At Rye, N. H. Dr. Drisco Knox, 87.

Whole number of deaths in Boston for the week ending Dec. 19, 42. Males, 26—Females, 16. Of measles, 7—drowned, 1—infantile, 6—burn, 1—lung fever, 3—paralysis, 1—croup, 2—ulcerated sore throat, 1—convulsions, 1—sudden, 1—pleurisy, 1—consumption, 2—liver complaint, 1—debility, 2—fits, 1—inflammation of the bowels, 1—intemperance, 1—typhous fever, 4—childbed, 1—throat distemper, 1—old age, 1. Stillborn, 1.

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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[NO. 21.]

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## MR. SKEY'S LECTURE ON THE PRINCIPLES OF TREATING DISEASE.

[Continued from page 312.]

THESE primary principles admitted, we proceed to the theory or principles which more immediately influence our treatment. I have already stated them as "general rules, which, though modified by circumstances, are applicable to all similar examples of disease." Now there is an obvious distinction between the theory of a disease and its treatment. By theory we understand the contemplation of, the reflecting or reasoning upon, a subject. This one would suppose an essential prelude to the treatment of all maladies; but it is not really so, inasmuch as the principles of life, or, rather, the views and objects which nature may have in contemplation in the cure of any particular disease, may not be so obvious as to obtain the unanimous concurrence of all physiologists. They may be susceptible of various explanations; whence the number of irreconcilable views taken by different authorities; and, as regards many diseases, their treatment was adopted on unknown or ill-understood data, and numerous theories have been based upon them, to suit the prejudices of their numerous inventors. There is a natural and well-grounded prejudice against what are called *theorists*. The tendency of a man's mind to theorize is, *ceteris paribus*, just proportionate to the activity of his imagination, and as nature has so ordained it, men's judgment is ordinarily defective, as their imagination or love of speculation is acute. Thus it is that minds naturally imaginative, whose flights of thought equal in celerity the movements of the playful Puck, "who could put a girdle round about the earth in forty minutes," and whose speculations cost them neither time nor labor, see through the mysteries of diseased action, trace the movements of the master mind that wills it, "and give a local habitation and a name" to the self-created authorities of their ill-guided imagination. It is not from men so gifted that our profession will derive much advantage or instruction. Pray you avoid them.

There is another class of men, the objection to whom is so closely associated with the preceding, that I cannot forbear alluding to them,—they are mathematical surgeons. A man's mind that has been long accustomed to direct and palpable evidence, and whose conclusions are inevitable, though the very reverse of the imaginative, endeavors to reduce the question of principle to the level of direct reasoning, and will believe nothing that he cannot explain upon the same irrefragable principles of reasoning, as lead to the positive deductions of mathematical science. The tone of mind which this study engenders, appears to me not the most desirable for a practitioner of our art, notwithstanding the immense

advantages which it affords in invigorating the reasoning powers. I should be sorry to be supposed desirous of withholding my tribute of admiration for highly-cultivated intellect or reasoning power ; but I assert, that so long as the data are but imperfectly known or understood, and until the principles of life and the nature of their operation are brought within the grasp of our comprehension, that man's practice must be (to use the mildest term) most imperfect, who would postpone for one hour the application of a remedy because he could not explain the rationale or the principles of its action ; and there are too many practitioners of this class.

With the action of how few of the innumerable remedies of our Pharmacopœia are we thoroughly acquainted ! This may be deemed a species of empiricism, but within a certain restraint it is essential to every practical department of our profession. You must not expect, then, that you are entering on a study, the principles of which can be reduced to a course of reasoning as certain and as conclusive as that of mathematical science. Empiricism means practice. It consists in the application of remedies which experience has taught us the value of, but which we have obtained through any means but those of reason. Take, for example, the treatment of some forms of disease of the testicle. We find them essentially benefited by the use of emetics. What is the rationale of this ? Does the disease depend on a morbid condition of the stomach ? If so, a form of aperient that would relieve it of its contents in common with the whole of the intestinal canal, ought to accomplish the same end ; but it does not. Local depletives, aperients, diaphoretics, are equally inefficient, and an emetic finally removes the evil. Now the stomach and the testicle have neither vessels nor nerves in common. It is referred to sympathy. Is this satisfactory ? To me I confess it is not, and in the state of our knowledge I should largely prefer acknowledging my entire ignorance of the *modus operandi* of the remedy, than I would mask the real difficulty by a pretended explanation, that would never be borne out by close physiological investigation. The conviction of our ignorance is the first step towards the improvement of our knowledge.

But, in the mean time, shall we withhold the emetic till we can explain the phenomena of its use ? Certainly not ; therefore the practice by empiricism is a necessary part of our duty. The late Dr. Gooch, the most able and most amusing lecturer of the day, was in the habit of recommending to his class some forms of medicine, which comprised a combination of a large variety of medicines in a single dose. In commenting on this "mess," as he was accustomed to denominate it, he used to say, "I combine these medicines together, because I find them answer the object I have in view ; I do not attempt to explain the theory of their application ; but I find them useful, therefore I employ them." With regard to this subject, let me observe, that the chief object of my reference is, that I am desirous that you should not commit yourselves to an explanation of the *modus operandi* of a remedy, unless you see its operation clearly and distinctly. Its consideration will conduce to a most important end,—that of leading you to *reflect* and *reason*,—to establish, as your groundwork, clear comprehensive premises, on which your treatment is based ; to eschew the jargon of words with which the really

ignorant man involves in a mystery of technicalities the statement of his opinions, and to endeavor to trace the workings of disease by simple and concatenated steps to their ultimate termination. I attach the highest value to that instruction which teaches simple principles,—which places before the eye of the student the first processes of disease. I should be content, rather, were he about to abandon instruction, to place him in the path of improvement, having adopted simple and distinct, but intelligible views of the early stages of disease, than I would endeavor to elicit his interest or his attention by vivid descriptions of extensive and uncontrollable disease. I should prefer to study nature in a case of common ulceration, in which my assistance might be valuable, to pursuing the endless ravages of a malignant growth, of the nature and source of which I may be totally ignorant, and in which the only advantage I could confer would be sympathy for the sufferer. And here let me advert to a common error among students, which owes its existence to a defect in their education,—that of misnaming cases of disease by the application of the epithet “good.” You hear that Mr. So-and-so has a “good case” in such a ward, or “a good case of accident has just come in; they are gone for the surgeon to cut his leg off.” Gentlemen, these are not good, but “bad” cases,—bad in every application of the word,—bad as regards the patient, for his body is mutilated by the knife,—bad as regards the art, for they justly expose it to obloquy,—and bad as regards yourselves, for they afford you no knowledge beyond that derived from beholding a painful operation, which you may possibly witness for the first and last time in your lives. I conceive a good case to be susceptible of relief or cure, and then the more extensive the malady, the greater the “goodness,”—a case in which the art of the surgeon triumphs over disease, efficiently co-operating with nature in its eradication,—not one in which the surgeon takes the case into his own exclusive charge, and effectually extirpates it by the amputation of the limb of which it formed a part.

Now, gentlemen, if for the purpose of warning you against unphilosophical and unreasoning views, of exposing to you the real level of our knowledge, and of preparing you for the necessity of availing yourselves of the aid of remedies, the action of which in the present state of our knowledge admits of no satisfactory solution, I have for one moment become the advocate of empiricism, I trust that the principles of education I have subsequently advocated will guarantee to you my conviction of its utter incompetency to advance professional knowledge. Empiricism may be employed as the refuge, without being the cloak of our ignorance. It may prove a valuable resource. It may temporarily represent, it can never supersede, the practice of reason. We may employ it as the homage due to the unexplained mysteries of nature; but it must ever be deemed a detracting blot on the real dignity and intellectual rank of our profession.

[Mr. Skey's remarks on the subject of *treatment*, which occupy the remainder of his lecture, will be given in a future Number.]

## REMARKS ON DR. BELL'S PRIZE ESSAY.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—I have read, with considerable interest, the Prize Dissertation on Diet, by Luther V. Bell, M.D. as it has appeared in four or five successive numbers of your Journal, and with your permission I will venture to make a few comments on it. It is not, however, my intention to enter into a critical and elaborate examination of the merits of Dr. Bell's performance. Were I disposed to follow his own lead, and to use his own weapons, it would require no great skill nor power to annoy him exceedingly; and if I should not be able to give him any deep wounds, I might, with great ease, at least, excoriate him from head to foot, and leave him smarting more cruelly than he would from a more fatal thrust. But though Dr. Bell has indulged quite as freely in *sneer* and *sarcasm* as becomes any gentleman, when gravely discussing an important practical subject which requires sound and candid reasoning, I do not feel that it would be suitable for me, even under such provocation, to take up his weapons and attempt a gladiatorial display in his own style. The subject propounded for his consideration is of very great importance to mankind, and demands serious inquiry and deep and honest examination:—and either this business of offering a prize for the best dissertation on the diet of New England, is purely a farce, or else it is intended to concentrate all the light that can be gathered in relation to the question, for the benefit of the people of New England. Regarding this latter view of the subject as the true one, I am sorry that Dr. Bell has not been careful to produce a dissertation on this occasion, as *entirely* worthy of the confidence of the good people of New England, as, I am sure, he has the talents to do. I say as *entirely* worthy, for in many respects he has done justice to the subject, and presented it in a true light; and I am willing to believe that he designed to be correct in all the views advanced; but surely if Dr. Bell will candidly review his own performance, he cannot but perceive that he has blurted out much that is purely gratuitous and by no means remarkably respectful to gentlemen older, more learned, more experienced, and more cautious, than himself, in his own profession. And this is one of the rocks against which Dr. Bell frequently strikes, and always to his own disadvantage. With not a little arrogance he continually assumes that *all* those who maintain opinions contrary to his own on the subject of the natural and proper diet of man, are mere "Utopian dreamers," fanciful speculators, weak-minded religionists, &c. Dr. Bell will, I hope, pardon me if I respectfully say to him, that there are those, among the number that he very modestly denominates "Utopian dreamers," who are prepared to meet any one that he can bring, on the opposite side, in the severest tests of profound scientific research and discussion.

I am sure that no man living has a higher and more cordial respect for the medical profession than I have, and I cannot believe that any one is aiming and endeavoring more sincerely to elevate and honor that profession; and it is this feeling, more than any other, that now prompts me to notice in this manner the performance before me: yet my respect for the *profession* as an important function in the system of civic life, by no means

begets in me such a reverence for the opinions of its members as to prevent my examining those opinions with the utmost freedom and scrutiny. A familiar acquaintance with the history of medicine, from the days of ancient Egypt to the present time, is not at all calculated to increase one's confidence in the infallibility of any man or set of men in the medical profession ;—nevertheless, it cannot justly diminish one's respect for the profession itself. While the nature and condition of man are what they are, the medical profession will always necessarily be an essential element in the constitution of well-regulated society ; and its true adaptation to the welfare of society requires that it should occupy a station of the highest dignity and respect, and deserve and receive the fullest confidence of every member of the community. But this constitutional relation of the profession itself to other elements of society, does not necessarily elevate and dignify every individual who may formally enter it, nor prevent the physician from sinking his own medical character far below the true dignity of the profession. Every honest and true friend to society, therefore, must desire to maintain the high dignity of the medical profession ; and he who would do this, must endeavor to elevate the medical character of every physician to the true dignity of the profession. And he most eminently effects this, who does most to make physicians truly acquainted with the real nature and condition of man.

While, therefore, a proper respect is paid to the opinions of others, every lover of truth and of the true interest of the human family should endeavor, as far as possible, to examine for himself, thoroughly and honestly, every important question which he attempts to discuss for the benefit of others ; and most especially those questions which are very nearly associated with the vital interests of the human race. Evidently true as this sentiment is, a disregard to it has led to the most extensive propagation and perpetuation of error from age to age through many hundred years ; and it is from a disregard to this manifest truth, that Dr. Bell, in his Prize Dissertation on Diet, has become the propagator of errors whose only authority is popular ignorance and depravity, backed by the superficial and fanciful speculations of individuals who have unjustly received the confidence of the world as scientific men.

To medical quacks, and every species of medical quackery, it is of utmost importance that popular error and ignorance should be propagated and nurtured as extensively as possible ; but such error and ignorance are the deadliest foes to the true dignity of the medical profession ; while, on the other hand, the universal diffusion of the light of scientific truth is the surest death-blow to quackery of every kind, and serves with greatest certainty to secure the true dignity of the medical profession, and the best interest of society ; for the relation between the elevated and true dignity of the medical profession and the best interest of society, is such, that the one cannot exist without the other.

I have already remarked that it is not my intention to enter into a critical examination of Dr. Bell's performance ; still less do I design to assume a controversial attitude towards him. But believing that the subject on which he has written was honestly propounded as the subject of a prize dissertation for the purpose of eliciting the truth, and of bringing before the minds of the people of New England such information as

would be of practical value to them, I address myself to those who have propounded this subject, and offered the prize—to the physicians of New England, and to the New England people generally, rather than to Dr. Bell personally. And in doing this, one object is paramount with me—and this is, the exhibition of the truth for the good of my fellow creatures. If there be a man living who loves New England—her institutions and her prosperity—and who desires to do all in his power to cherish and perpetuate her welfare, I am one : and this zeal would have gone far to induce me to become a competitor for the prize awarded to Dr. Bell, had I known that such a subject was propounded, before the prize was awarded. Not for the prize's sake would I have written, but for the truth's sake, and in the spirit of philanthropy.

To the medical fraternity of New England, then, I will respectfully say—Gentlemen of an honorable and most responsible profession, there can be no just reason why you should regard me, or my humble labors, with the least degree of jealousy or prejudice. Neither in object nor in effort am I an enemy to your profession. Is there a man among you who would wifully sacrifice the cause of truth and the best interests of humanity to the supposed advantages to be derived to a temporary self-interest, by the propagation of ignorance and error ? God forbid ! But, gentlemen, is there not, as a general statement, a natural propensity or disposition in man to cling to established institutions, and to reverence hereditary usages ? and while this quality in human nature serves greatly to give stability to the forms of society, and in this manner perhaps generally contributes more to the good than to the evil of the race, does it not also serve to perpetuate every species of error, and to retard the progress of society towards the highest and best condition of which the nature of man is capable ? And is it not possible that this very quality of our common nature, may even lead the medical fraternity, in some instances, to defend the hereditary opinions of their profession with more zeal for their authority than enlightened conviction of their truth ? Gentlemen, can you look back over the history of your profession, even for a single century, and not be convinced that the review affords you abundant reason why every one of you should think, and investigate, diligently, profoundly and perseveringly, for himself, on every subject belonging to his profession, rather than passively receive any man's opinion as indubitable authority ? Thank heaven ! professional as well as political despotism and aristocracy are rapidly retreating before the intellectual and scientific democracy of the world, and God grant that the time may soon come when the sovereignty of truth and virtue shall be the only authority which mankind will acknowledge.

Gentlemen, however such a state of things may affect individuals among you, be assured your *profession* has nothing to fear—but much—very much, to hope from it. Nothing is more certain than that the more clearly and accurately the people understand the true character of your profession, the higher will be their respect for it—the greater will be their confidence in it ; and the greater, also, will be their contempt for every unworthy member of it ; and the deeper will be their abhorrence and detestation of every species of quackery.

But, to our subject.—“ If man were obliged to abstain totally from

flesh, he could not, at least in our climate, either multiply or exist. An entire abstinence from flesh can have no effect but to enfeeble nature. To preserve himself in proper plight, man requires not only the use of this solid nourishment, but even to vary it. To obtain complete vigor, he must choose that species of food which is most agreeable to his constitution; and as he cannot preserve himself in a state of activity but by procuring new sensations, he must give his senses their full stretch, and eat a variety of meats, to prevent the disgust arising from a uniformity of nourishment." Such are the opinions of the celebrated Buffon, and such are the opinions that have been received and defended almost universally throughout that portion of the civilized world in which flesh constitutes a part of human aliment. Yet can any intelligent and candid man pause for a moment to examine these statements, and not be astonished that notions so manifestly erroneous could gain such general acceptance among men claiming to be learned and scientific? The facts that man *can* subsist on a mixed diet of vegetable and animal food, and apparently do as well on it as on any other—and that a considerable portion of the human family have, at least for centuries, subsisted on such a diet,—and that those who have been accustomed to a free use of flesh, generally suffer a temporary physiological depression from the sudden and total abstraction of it, are the only real data on which the doctrine of the necessity for a portion of flesh in the diet of man has been founded. Until a recent period, however, the advocates for this doctrine have universally and zealously insisted that it is fully supported by the evidence of comparative anatomy; and while they were permitted to wield this argument, they failed not to urge it on all occasions, when the subject was agitated, as conclusive and incontrovertible. But *now*, when the tables are turned upon them, and they are compelled to acknowledge that all the evidence of comparative anatomy goes fully and conclusively to prove that man is naturally a frugivorous animal, they affect to sneer at their opponents for urging so weak an argument, and gravely tell us that man is not a mere creature of *instinct*, but is endowed with *reason*, by which he is enabled to adapt things to his use which are not naturally fitted for him. But will these gentlemen pretend to say that any amount or degree of reason in man can enable him to nullify the constitutional laws of his nature? This argument, like that founded on the fanciful evidence of comparative anatomy, is based on error, and evinces a want of profound knowledge in physiological science. The beaver, when he wants to build a dam, is taught by a species of reason (for *instinct* cannot teach him this), to go up stream and gnaw down a tree standing on the bank, so that it may fall into the water and float down to the place where he wants it; and man, less by his superior reason than by his superior voluntary powers, is enabled, when he can find no tree above the place where he wants it, and can find one below, to fell the tree into the stream and force it up against the current. But do these superior endowments in man in any degree nullify the law of nature which causes the tree or log naturally to float down stream? and does not man, by transgressing that law, necessarily suffer the penalty? Does he not have to expend more or less of time and force, which would not be requisite if, like the beaver, he could and did conform to the laws of nature? Most evidently so. Man's superior endowments, therefore,

while they enable him in some measure to counteract the laws of nature, cannot save him in any degree from the *friction*, if I may so speak, which his resistance to those laws necessarily causes. And this is strictly true in regard to the physiological laws of man's nature. We possess, to some extent, the physiological *capability* of adapting ourselves to conditions and things to which we are not *naturally* adapted; and we possess the rational and voluntary powers of adapting many things to our *use*, which are not *naturally* fitted for us; nevertheless, all departure from the constitutional laws of our nature, in the exercise of these *capabilities*, is always, and necessarily, attended with commensurate injury to our physiological interests;—and if the advocates for flesh-eating will examine the subject honestly and thoroughly, they will find that all the physiological and psychological, as well as all the anatomical evidence in relation to the natural dietetic character of man, goes wholly and conclusively to prove that man is *naturally* a fruit and vegetable eating animal.

*Boston, December 21, 1835.*

S. GRAHAM.

(To be continued.)

## CLINICAL LECTURES OF M. LUGOL ON SCROFULOUS DISEASES.

DELIVERED AT THE HOSPITAL OF SAINT LOUIS. LECTURE II. THE CAUSES OF SCROFULA.

TRANSLATED BY J. CHICKERING, M.D. BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

At the last meeting I stated that we might consider scrofula as a general disease dependent on organic weakness and imperfection, the consequence of faulty nutrition, and affecting chiefly the great lymphatic system in all its tissues. At this time I shall speak of the predisposing and occasional causes of scrofula.

Among these last we must include in the first rank, climate. Scrofula is more common in Europe than in other countries, but it does not prevail indiscriminately in all the countries of our continent. This disease is more common in England and Holland than in Spain and Italy. In some provinces of France, as Lower Brittany and Auvergne, it is, we may say, epidemic, while it is rare in Provence. The air, that universal agent, appears, in certain states, to have great effect in producing scrofula, especially when there is a deficiency of solar influences, and, according to M. Humboldt, where there is a diminution of electricity; these circumstances are likely to make the white fluids predominate, to stimulate their secretion, and produce in man the same effect (*étiolement*) that is observed in vegetables subjected to the same atmospheric constitution. Thus, in our great cities, as Paris and Lyons—in the low, damp and filthy quarters, where the narrow and close streets with difficulty permit the circulation of the air, and the entrance of the genial rays of the sun, and where a numerous population are crowded together, subjected to all the privations of wretchedness, nothing is more common than to meet with persons presenting a living picture of the scrofulous diathesis in the last stage, and dragging out the rest of existence amidst a train of infirmities.



The people of the country are sometimes no better off; their dwellings, surrounded by offensive matters and stagnant waters, do not allow the free access of the air, and, at the same time, they are seats of vice.

**Occupations.**—Writers regard as predisposing to scrofula, certain occupations, such as that of tailors, shoemakers, and weavers. In Bour-gogne, for example, where the weavers work in deep, damp, dark and badly-aired cellars, these unfortunate people are numerous, who seek in our hospitals the aid of medicine for an inveterate disease, which has already made frightful ravages, and often beyond the resources of art.

**Seasons.**—Spring and autumn seem favorable to the production of this disease. The heat of summer, on the contrary, frequently causes a resolution of the engorgements.

**Food.**—The mode of living has great influence in producing scrofulous affections. Heavy and indigestible food which, in a large quantity, contains but little nutriment, or what has become deteriorated so as to furnish chyle only of a bad quality, and which fatigues and irritates the digestive organs, is a very frequent source of scrofula.

The use of muddy waters, excluded from the air, and charged with foreign matters, and of difficult digestion, as cistern water, &c. contributes to develop this disease. Thus, at Rheims, as soon as river water was substituted for well water, the number of those with goitre and other scrofulous affections, so considerable among its inhabitants, was sensibly diminished.

**Previous diseases.**—Some authors, as Stoll, Astruc, Lieutaud, &c. have thought that scrofula depended on the effects of the syphilitic virus, an opinion which is contradicted by the historical fact that scrofula was known long before the discovery of America.

**Moral Causes.**—The depressing and melancholy affections derange the organs which may become the seat of scrofulous disease. We have seen this predisposing cause developed in children whose mothers suffered from the depressing passions during gestation, and the scrofulous diathesis was frequently observed during the storm of the revolution. Pinel and M. Richerand have remarked that children supported by charity in the hospices, and early feeling their desolate situation, give way to melancholy which remarkably predisposes them to this disease.

**Hereditary.**—Of all the predisposing causes to scrofula, the most powerful is doubtless that from parents; this is now incontestably true. Most of the patients whom we have met, tell us that their father, mother or ancestors, were affected with scrofula, and that their brothers and sisters were likewise affected with it; so that we believe that scrofula is as much hereditary as any disease.

Some explanation is here necessary. Scrofula is not hereditary in the common acception of the word. We receive from our parents a disposition to contract it, in consequence of an organization similar to theirs, and not because the germ of the disease is implanted in us. It is not necessary that parents should be affected, to give birth to scrofulous children. In fact, when married persons are too young or too old, and their health has been impaired by excess, almost always their children are badly organized. The hereditary influence is not always direct; a scrofulous father may have healthy children who will not manifest through

the whole of their lives any symptoms of the disease of the parents, but all or some of their children will be affected with scrofula. It seems to us, in this case, that the expression *hereditary* is correct. Experience teaches that parents, married at a late period, are more likely to give birth to scrofulous children. The feebleness of such parents, and certain diseases which they may have contracted, and to which they are still subject—phthisis, for example—have a lamentable influence on the impregnated germ and on the nutrition of the *fœtus*.

#### DEATH FROM ARSENIC, TAKEN BY ACCIDENT FOR CALOMEL AND JALAP.

[THE following account of a death from poison was elicited by some remarks in the 7th No. of this Vol. of the Journal, respecting a sudden decease attributed to the effects of a dose of calomel and jalap, in which the proportion of the former ingredient was *supposed*, very gratuitously, to have been too preponderating to be overcome by the purgative operation of the latter. We fully agree in the opinion expressed by our correspondent, that death in this case was occasioned by a dose of arsenic, and not by calomel and jalap.—ED.]

F. A. D. aged 23, clerk, took at 2 o'clock, in the morning of Sept. 4th, a powder, which was followed by vomiting in the course of half an hour; soon afterwards, several dejections. Vomiting and purging, at short intervals, continued through the day. Evacuations consisted mostly of a serous fluid and bile. Quantity vomited during the day amounted to six or eight quarts by estimation. In the afternoon, on attempting to walk from one bed to another, he fell down senseless, was convulsed, had cramps in extremities, and was cold. At 7 in the evening, which was seventeen hours after the taking of the medicine, I saw him and found him as follows. Extremities cold, bathed in perspiration; skin blue and corrugated, feeling as if parboiled; no pulse perceptible at wrist; pulsations of carotids rapid and fluttering; eyeballs retracted in orbits; countenance livid; voice husky and guttural; extreme thirst; distress at epigastrium; frequently vomiting; mind clear; no dejections after first visit; his whole appearance was much like that of a person affected with malignant cholera.

He was told at once that he had taken a poisonous substance; and on being questioned in regard to the medicine he had taken, he said he obtained it eighteen months since in the city of New York, for calomel and jalap, put it into his trunk (where it had remained till the evening before he took it), went a voyage to Europe, and had lately returned to his native place. For a few days past, he had been suffering with pain in his head—a complaint he was subject to, and for which he procured this powder. This he took in molasses, at the time above stated. He remarked that the powder was of a yellow color, and in quantity about a teaspoonful. None of the powder could be obtained from the paper, spoon, or vessels into which the evacuations had been received.

Laudanum, wine and brandy were given internally, and friction and dry heat applied externally. Whites of eggs, lime water, &c. were

ordered to be given ; but all without any material benefit. Cramps and coldness of extremities increased, vision failed, voice faltered, throat became dry, tongue swollen, annoyed by hiccoughs, delirium, and at last death ensued, which took place at 3 o'clock in the morning of the 5th, making twenty-five hours from the time the medicine was taken. Permission to examine the body after death could not be obtained ; therefore the character of the medicine he took must be inferred from the symptoms of the case, which accord well with those symptoms stated by the best authors as following an over-dose of arsenic. Mr. D. had the same symptoms that two other persons presented who took arsenic, as they confessed while living, and whose bodies were examined after death. His case resembled theirs so closely, from its commencement to its termination, that there was not any doubt in my mind that death was produced by the same cause.

T.

#### CÆSAREAN OPERATION.

A BRIEF notice of this operation, performed by Professor Gibson, of Philadelphia, was given on the 211th page of our last volume. The following particulars of the operation are from the Professor's recent edition of the *Institutes and Practice of Surgery*.

"A firm table was selected, and covered with a mattress and sheets, the patient placed upon it, on her back, and her pelvis and shoulders supported by pillows. In presence of Dr. Nancrede, Profes. Dewees, Dr. Dove, of Richmond, Professor Horner, Dr. Beattie, Dr. William Coxe, Dr. Theodore Dewees, and my son, Charles Bell Gibson, I made an incision, at the centre of the linea alba, commencing about an inch below the umbilicus, through the integuments, and extending nearly to the pubes. To save the patient pain, and to prevent this first, or perpendicular cut, from penetrating too deeply, I requested Dr. Horner to fold up the skin with his fingers, and while thus held I passed the knife through it with its back towards the abdomen. The superficial fascia being exposed was divided, then the tendons of the abdominal muscles, next the peritoneum, and lastly the body of the uterus, all to the extent of six inches. The uterus, however, at this stage of the operation, was not cut entirely through, but a line or two in thickness of the interior of its walls left, with the view of drawing off the waters before I opened the womb, penetrated the membranes and exposed the child. At my request, Dr. Nancrede introduced a finger into the os uteri and endeavored to rupture the membranes, but could not succeed. A similar attempt was made by Dr. Beattie, which also failed. Having resumed the knife, the remaining fibres of the uterus were divided, the membranes exposed, and cautiously opened by running Cooper's bistoury for strangulated hernia, upwards and downwards, to the extent of six inches, while Dr. Horner held closely together the sides of the wound, to prevent protrusion of the intestines and the escape of any portion of the waters into the bag of the peritoneum.

"There was a right lateral obliquity of the uterus, and the position of the child found to correspond with the third breech presentation of Bau-

delorque. Dr. Beattie then introduced his hand, and drew out the feet, while Dr. Nancrede supported the hips and back, and removed the body, and lastly, the head of the child, from the womb. It proved a girl of large size, and apparently healthy. For some seconds, however, it did not breathe, and, indeed, not until friction on the chest, blowing into the mouth, and the introduction of a few drops of brandy, were resorted to. The cord being cut, the child was removed, and in a short time cried lustily. Whilst Dr. Horner still kept the sides of the wound together, Dr. Beattie extracted without difficulty the placenta and membranes, and at the same time pushed a finger from the interior of the uterus through the os tincæ, to make a free communication with the vagina. During these manipulations, two portions of intestine, each the size of a pigeon's egg, protruded on the right side of the uterus, and near the upper corner of the wound. They were readily kept back, however, and did not again protrude; nor did any fluid, so far as could be observed, find its way into the peritoneal bag. No hæmorrhage took place from the removal of the placenta, nor was it necessary to secure a single vessel with the ligature. There was a visible contraction of the womb, after the removal of its contents, and the incision in it had sensibly shortened in the course of a few seconds.

"My attention was next drawn towards the closure of the wound. With great care, and the utmost nicety, the edges of the peritoneum, muscles, and integuments were held together by assistants, while I passed, successively, three stout silk ligatures, in form of interrupted suture, through the integuments—avoiding the peritoneum and muscles—an inch and a half from each other, and supported the whole by adhesive straps, lint, a compress and roller around the abdomen. To give vent to any secretion of serum or pus, the lower angle of the wound was left open for the space of half an inch. The patient was then raised very carefully by several assistants, and laid in bed upon her back, and great pains taken to render her position as comfortable as possible, and to prevent the slightest movement. There was less difficulty in this respect than could have been anticipated, arising partly from the little pain, comparatively, during the operation, the natural firmness and equanimity of the patient, and her faithful reliance upon Providence for a happy issue out of her affliction. Under the cheering influence of such feelings, she slept soundly for several hours, and did not change her position in the slightest degree.

"By Drs. Nancrede, Beattie and myself, she was visited, for a week or ten days, three times a day; was kept entirely on barley water, during that time, under the influence of an occasional opiate at night, took now and then small doses of magnesia, or used enemata; had her diet gradually increased; on the twenty-fifth day after the operation was enabled to sit up,—the wound, with the exception of a single spot, the size of a pea, being entirely cicatrized—and finally recovered, and now enjoys, together with her child, perfect health."

## CASE OF MONSTROSITY.

THE following case is related by Dr. C. J. Blackburn, of Woodford Co. Ky. in the last No. of the Transylvania Med. Journal.

MRS. SULLIVAN, of this county, was taken in labor on Sunday, the 19th of Sept. eight months, she supposed, after conception. The liquor amnii was evacuated; the pains continued until the 21st. I saw her that day, at nine o'clock, and upon examination found that the hands presented. These being returned, and the feet brought down, I attempted delivery, but finding that the child did not progress, I made another examination, and then discovered that there were four feet presenting. I tried to return two of the legs, but found it impracticable. It occurred to me at this moment that there must be a union of the children, which on examination I found to be the fact. In this state of things, nothing was left but to bring down both children at the same time, and thus accomplish the delivery. It was effected in the following manner:—The patient being placed on the lap of an assistant, with her feet resting on the rounds of two chairs; taking hold of all the feet and waiting for a pain, which soon came on, I very easily delivered all but the heads of the children, one of which pressed the pubis, the other the sacrum. These being turned, one opposite the right, and the other the left, acetabulum, I experienced no difficulty in completing the delivery.

At birth one of the children was alive—the other in a state of asphyxia, in which it remained about an hour, but vitality commenced at the point of union, and progressed slowly, until it had extended half way up the body. The child then began to gape, and in a short time the circulation became general. On inspecting the connection between the children, I found it, as nearly as can be described, as follows: The backs were united obliquely, commencing at the os sacrum, and extending down to the coccyx. The right nates of the right child, and the left of the left, formed a complete buttock, resembling the nates of an infant. Between these was the anus, common to both, and immediately beyond this, the pudendæ of each united, the labiæ being incomplete, inasmuch as they formed but one for each child. The mons veneris, clitoris, &c. were complete, as also the nymphæ, and the urethra, each vagina being imperforate. The innominatæ were united at the sacrum, which was larger than natural, and common to both children. The umbilical cord lasted single from the placentæ, but in about thirteen inches bifurcated, and sent a branch to each child. One branch was nine, the other seven inches long, from the bifurcation, the longest supplying the most vigorous child. At the point of separation, the arteries of each cord divided, as did also the veins.

At the age of three weeks, the children were vigorous—each crying, sleeping, eating, and moving independently of the other. They died of dysentery, the most vigorous about five minutes before the other, having also been affected three or four days earlier. Near the time of their death, they were both similarly affected.

Upon dissection after death, the osseous union was found to commence at the superior portion of the sacrum, extending to the inferior extremity of the coccyx. The cavity of the pelvis of each, was separated by the

peritonæum of each, which formed two laminæ or folds. I passed a probe in a direct line with the umbilicus, and met with no obstruction except these folds of the peritonæum, which were about the eighth of an inch apart.

But for the disease which carried them off, having no connection with their deformity, these children might have survived, presenting the world with a more remarkable *lusus naturæ* than that which has excited so deep an interest in the Siamese Twins.

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## BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, DECEMBER 30, 1835.

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### PRACTICAL PHRENOLOGY.

SOME weeks ago, notice was given in this Journal of the forthcoming of a treatise, with the above title, by Silas Jones. The work is since published, and exhibits satisfactory evidence of the author's minute acquaintance with a subject to which all the energy of his inquiring mind has been devoted. Though a multitude of writers have of late enlisted under the banners of this comparatively new and captivating science, they have not all been equally successful in proselyting their readers. The persecution which they have received was never more ineffectually employed to limit the extension of any doctrine; it has rather stimulated, than retarded, the onward and steady march of phrenology. Ridicule is certainly a potent weapon, and is sometimes the most certain means of subduing even the influence of philosophical truth. The combined efforts of opposers, both in Europe and America, from the day that Dr. Gall announced to the world his novel discovery that the brain, instead of being a single organ, was in reality a congeries of them, by which the characteristic powers of the soul are manifested, have aimed to make this the subject of endless abuse, merriment and vituperation. Such, too, to a considerable extent, has been the destiny, till of late, of all his followers. When Harvey first broached the doctrine of the circulation of the blood, he was assailed by a host of grave, argumentative opponents, who saw nothing in his pretended discovery but gross deception. In admitting that some of his assertions were facts, they could foresee no possible benefit arising from the overthrow of the old, respectable theory, that the blood ran out from the heart during the day and returned again at night. In the general excitement—for the whole profession seems to have been alarmed by a simultaneous panic—the ideas of a double heart and the two circulations were decided to be altogether speculations: it was all ingenious theory, but of no possible service in illustrating either the phenomena of disease or difficult points in physiology. Nothing, in their apprehension, equalled, in beauty and simplicity, the venerable manner of disposing of the blood by squeezing it through the partition between the two ventricles or auricles, as circumstances might require. The lungs, too, were bellows, admirably constructed for blowing a cooling current of air, that the temperature of the body might never rise to an uncomfortable heat. But no power which the antagonists of that great philosopher could wield, succeeded in smothering in embryo the revolution which was effected by his

persevering efforts ; and to the end of time, the transcendent brilliancy of Harvey's genius will continue to shine with undiminished splendor.

Such, in a good degree, has been the unabated zeal of those who have no accurate knowledge of phrenology. Without any examination into the improved method of dissecting the brain which Drs. Gall and Spurzheim taught, it is sufficient, in the estimation of many violent adversaries, that the cerebrum is found in the skull—little caring to investigate the origin or distribution of nerves, of which they have only the limited knowledge to be obtained from the professed treatises on human anatomy.

No desire is intended to be expressed, in these observations, that every body should embrace phrenology as an article of faith, before investigating its claim. Those who most carefully examine what has been actually achieved for minute anatomy by the phrenologists, will be struck with the vast accumulation of important facts developed by their untiring industry. It were needless to multiply words, or cite authorities, to prove what must be generally conceded at this day—viz. that even those who totally disbelieve the current distinguishing features of what may strictly be denominated practical phrenology, are indebted to its advocates for much that they know of the minute structure of the brain.

Mr. Jones's book is well calculated to be popular, as there is nothing intricate in it, or above the comprehension of an ordinary capacity. Those who really wish to be better informed by a systematic course of reading, with reference to settling the question whether they will admit, or not, the pretensions of phrenologists, could not find a more acceptable work. We have been delighted with it ourselves, and we feel that to recommend it to the respectful notice of others is but doing justice to the talents and research of the author.

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*Smallpox.*—The smallpox has been introduced into Needham within a few days, by a traveller from N. York. Several cases of varioloid have appeared in Boston, the past week. The patients were immediately removed to the hospital, and are all doing exceedingly well. With a careful eye to the quality of the virus—having in recollection its age, the day it was taken from the vaccine pustule, and the physical condition of the individual from whom it was taken—all the difficulties arising from modified smallpox might be generally obviated in the beginning, in this climate. Varioloid being equally as dangerous to the public health, as the genuine, fully developed smallpox, physicians are bound to be exceedingly watchful.

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*Dr. Oliver's Physiology.*—Not having been furnished with a copy of this recently published work, we have no means of judging of its merits, and therefore can neither condemn nor recommend it to the attention of the profession. That the author is eminently qualified to prepare an excellent treatise, honorable to himself and useful to the world, is beyond a doubt. Dr. Oliver is favorably known as one of the faculty of the medical department of Dartmouth College, N. H.

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*Pareira brava in Irritable Bladder.*—Dr. F. P. Betton, of Germantown, Pa. recommends, in the Philadelphia Journal, the *Cissampelos pereira*, called by the Spaniards *Pareira brava*, in cases of irritable bladder. This remedy was much extolled by Helvetius as a lithotriptic, and was formerly so much esteemed by the Brazilians as to be named by them the Universal Medicine. It has been used successfully by Mr. Brodie. It was given in the following proportion by Dr. B. : one ounce of the root

to a quart of water, gently boiled down to one half, of which a wineglassful was taken three times a day.

**Mass. General Hospital.**—There were no operations on Saturday. We take this opportunity to mention an error into which we were led by the reporter, relative to an operation performed upon a boy's knee, some weeks ago, and which should have been corrected sooner; but hoping for all the particulars to the end of the case, if the patient recovered, the apology has been unfortunately omitted to this late period, without any intention, however, of doing injustice to any one. The condyle, in the case referred to, was not taken out, nor the articulating surface of the lower extremity taken away. A portion of bone above the knee, of the shaft of the femoris, was removed, which was calculated to save the joint. Whenever we can obtain a history of the case, the character and object of the operation will doubtless be more clearly understood.

**TO CORRESPONDENTS.**—An able article on the abuses of Female Education, is in time for the next Journal.—Cases in Pathological Anatomy have been received, from Dr. Bell, soon to appear—also, from the same author, specimen sheets of "*an attempt to investigate some obscure and undecided doctrines in relation to Smallpox, Varioloid and Vaccination,*" which we shall particularly examine as soon as other papers can be disposed of.—"Medical Etiquette," from Worcester County, and "Cases of Puerperal Peritonitis," are also received.

**DIED**—At New York, David Hosack, M.D. F.R.S. aged 66—whose name is familiar to the profession throughout the Union. We shall give a biographical sketch of his life and services at a future day.—In Woodbury, Conn. Dr. Samuel Steele, 55.—In Plymouth, Mass. Dr. Zaccheus Bartlett, aged 70.

Whole number of deaths in Boston for the week ending Dec. 26, 43. Males, 93—Females, 39. Of measles, 7—dyspepsy, 2—infantile, 3—lung fever, 9—brain fever, 1—cramp in the stomach, 1—consumption, 4—ulcers, 1—insane, 1—typhous fever, 3—old age, 1—dropsy on the chest, 1—jaundice, 1—interperence, 1—inflammation of the bowels, 1—croup, 1—teething, 1—throat disemper, 2—pleurisy, 1—inflammation of the throat, 1.

#### MEDICAL TUITION.

THE subscribers have recently made some additional arrangements for the instruction of medical students. A suitable room is provided, as heretofore, for the use of the pupils; the necessary books are supplied, and a systematic course of study is recommended. Personal instruction is given to each pupil in each of the several departments of medical knowledge. Every facility is provided for the cultivation of practical anatomy, which the present improved state of the law permits. This department will receive the constant attention of one of the subscribers, who will always give such aid and instruction as the pupils may need.

The pupils have free admission to the lectures on Anatomy, and on Surgery, in the Medical School of Harvard University, and to all the practice of the Massachusetts General Hospital; and generally they have opportunity to attend private surgical operations.

The terms are, 100 dollars per annum; to be paid in advance.

Boston, October, 1835.

Oct 28—6teop

JOHN C. WARREN,  
GEORGE HAYWARD,  
ENOCH HALE,  
J. M. WARREN.

#### VACCINE VIRUS.

PHYSICIANS in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—*inclosing one dollar*. Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless some other mode of conveyance is directed. Ten charged quills, an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely packed in a letter. The gentleman who has undertaken to keep the virus, will faithfully supply that which is positively genuine and recently taken. It will also be furnished on application at the Medical Journal office.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. J. V. C. SMITH, M.D. Editor. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy, *gratis*.—Postage the same as for a newspaper.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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WEDNESDAY, JANUARY 6, 1836.

[NO. 22.]

## CASES IN PATHOLOGICAL ANATOMY.

BY LUTHER V. BELL, M.D. DERRY, N.H.

[Communicated for the Boston Medical and Surgical Journal.]

I. FEB. 10, 1835.—The writer was invited to make an autopsic examination of a child, aged eight months, which had been under the care of Dr. Hovey, of Atkinson, N. H. The history of the case, as detailed by the attending physician and family, was this :—the infant, nearly or quite constantly since birth, had exhibited an unnatural state of the bowels ;—the alvine evacuations being in small quantity, of unusually fluid consistence, and occasionally consisting of a mucous discharge only ; the action of purgatives was uniformly attended with severe distress, and very little effect. The disposition of the child to receive nourishment was natural, and its appearance strong and healthy, until the invasion of the symptoms which terminated in death. These symptoms continued about ten days, and simulated those of hydrocephalus acutus so closely as to induce Dr. H., a judicious practitioner, to refer them to the head as the probable seat of the disease. They in fact coincided so generally with those accompanying this disease, that a recapitulation is unnecessary, with the addition of an intestinal hæmorrhage of four or five ounces, just prior to dissolution.

On examination, thirty hours after death, the vestiges of derangement within the encephalon were found to be a considerable venous engorgement of the meninges, a few drachms of serous fluid within the cavity of the ventricles, and a slight effusion beneath the tunica arachnoides. On opening into the abdomen, there appeared at first sight a total absence of large intestine. On further examination, however, the whole cæcum and colon were found to be intus-suscepted within the rectum, and so impacted within it that the entire length of large intestine comprised a space of only six to seven inches in length. On attempting to withdraw the included portion by traction upon the ileum, it was found impossible to effect a disengagement without laceration. The rectum was then slit up, and adhesions were found scattered both where the serous membrane of the ileum was in contact with that covering the large intestine, and also where the mucous linings of the large intestines were adjacent—which last circumstance, the adhesion of mucous surfaces from inflammation, will be recollected as a rare pathological fact ;—the whole exhibited appearances of long-continued and high inflammatory action, with a morbid thickening of the large intestine, to the extent of from one to four lines, or even more about the caput coli, and covered with a muco-purulent secretion similar to that which had been evacuated from birth. The

ileo-colic valve rested just within the sphincter ani ; indeed, we subsequently learned that the displacement had been visible externally on an attempt being made to administer an enema. The lower portion of the ileum was found filled with fluid feces, and another intus-susception of two inches in length in the jejunum, which was readily disengaged.

The morbid displacement in this instance, though by no means unique, was carried to a greater extent than in most of the analogous cases on record. A parallel one is detailed by Dr. Harlan, of Philadelphia, in which "a part of the ileum, the whole of the cœcum, and a portion of the colon, were received into the remaining portion of the colon, and the cœcum protruded from the rectum ; and, what is worthy of notice, adhesions had formed within the involuted portions, so that the connections could not be separated without laceration." In this case, water was found in the ventricles of the brain.

These and similar cases are pathologically interesting, as exhibiting the connection between irritations within the alimentary canal and symptoms developed in the encephalon. In the case we have detailed, this irritation resulted in that too frequent disease, *pseudo-hydrocephalus*, the characters of which are so often unexpectedly revealed by post-mortem research ; while in others, complicated perhaps with a more intense grade of inflammatory action, actual hydrocephalic disease may be produced. Such instances, in which the intus-susception is evidently of longer standing than the encephalic symptoms, may throw some light on the causation of hydrocephalus ; for in these, however the fact may be in others, the abdominal derangement is manifestly a cause, and not a consequence. They also illustrate that principle in pathology, condensed in the CXXVI. Proposition of Broussais, although by no means novel or original in him : viz. Every acute suffering, either in consequence of the inflammation of an organ, or proceeding from the stimulation of the branch of a nerve, or from a moral cause, engorges the brain, and tends to develop inflammation in its substance, in the pia mater and in the arachnoides.

II. During the last winter, I made a post-mortem examination of a rare case of uterine disease in a patient, by the name of Clough, who had been under the care of Dr. Tewksbury, of Hampstead, N. H. since 1829. The female in whom it occurred was about 35 years of age, and unmarried. From the account I received, it would appear that her prominent symptoms were those of digestive derangement. There were few or no symptoms of uterine affection, and she had continued to menstruate, until within two months of her death. On external inspection of the abdomen, two hard tumors, apparently of ovoid form, and three to five inches in their longest diameter, could be traced, one in the umbilical and the other in the right hypochondriac region. A general prominence and unyielding hardness of the lower portion of the abdomen was evident.

On laying open the abdominal parietes, an immense tumor presented itself, apparently filling the whole cavity, covered with a highly injected peritoneal membrane. This tumor proved to be the uterus, and was removed by cutting through its natural ligaments and the vagina, a few trifling adhesions only existing. The generally pyriform outline of the healthy uterus was preserved accurately in this mass ;—from its upper

and right sides, the two tumors which were apparent externally, were attached each by a pedicle about half an inch in diameter, traversed by a nutrient artery the size of a crow-quill; these tumors weighed, the one three quarters of a pound, and the other a pound and a half. On cutting into the three masses, they were all found to be of the same white, semi-cartilaginous structure, resembling ordinary scirrhus; cutting before the knife like a hard, raw turnip. The principal mass comprised the entire walls of the uterus, not changing its texture or character until it reached the lining mucous membrane. The thickness varied from one to four inches; being thinnest on its anterior surface, which was slit up by introducing a director into the os tincæ, exposing the cervix of the uterus, which was not less than seven inches in length, and the cavity which was of the normal size. The lining membrane of the uterus was healthy and natural in appearance, as were also the ovaria, fallopian tubes and other appendages. The entire weight of the morbid structure was a few ounces less than ten avoirdupois pounds. Well developed chronic gastro-enteritic inflammation was presented on opening into the stomach and small intestines.

The most remarkable and pathologically curious circumstance in relation to this case, was the unimpaired condition of the menstrual function; and, as far as a single fact goes, the conclusion deducible is, that integrity of the uterine mucous membrane is alone essential to this secretion, without reference to the parietes of the organ, which, we have seen, were merged throughout in the scirrroid structure.

III.—Mrs. J. A., aged about 27, while nursing her third child, was seized with a severe lancinating pain about the middle of the sterno-mastoid muscle of the right side, which returned occasionally for a few days, and finally became fixed. A swelling next commenced over the mastoid process, which extended to the parotid region, the gland becoming tense and painful on pressure;—a purulent discharge from the ear of the same side was present, to which she had been more or less subject from childhood. She experienced the most intense anguish through the base of the cranium, for the relief of which she had gradually taken enormous quantities of opium. Poultices were applied to the parotid to favor the expected suppuration, but without effect.

I saw her for the first time on the tenth week from the commencement of these symptoms, and was at first inclined to believe, from the agonizing character of her pain, that it was of a neuralgic kind, and probably induced by the pressure of the distended gland. The first curative indication attempted was to bring her general health into better condition, it having become much deranged, in part from the excessive use of the narcotic. In a day or two, however, after I had commenced attendance, there suddenly supervened a most severe inflammation of the eyelids of both eyes and the textures surrounding the eyeballs, protruding them to a most frightful extent. The eyelids were so distended by effused fluid, that they could not be separated so as to permit an examination of the eyes themselves, until by copious bleeding from the temporal artery, scarifications, leeches, vesication, &c. the inflammation was subdued. It then appeared that the inflammation was external to the globe of the eyes entirely, but the sight of the right eye was totally extinguished; the

organ being amaurotic, and the pupil having lost its contractility, remaining so ever afterward. The internal pain was now changed over to the left side of the head, then to the back of the neck, but never remitted for a moment. She gradually declined and succumbed on the fourth week of my attendance; *her reason remaining unimpaired* till within a few hours previous to her death, losing her speech about forty-eight hours, and becoming paralytic on the right side about thirty-six hours, before that event.

I made the autopsy about 20 hours after death. On cutting through the scalp and applying the saw to separate the skull-cap, the point of the instrument dropped through a hole, formed by caries, in the temporal bone, about half an inch above the meatus auditorius; this opening was about two inches in diameter, nearly circular, and filled with many irregular fragments of carious bone. The membranes of the brain were found healthy, and that organ in a state of demonstrable perfection, far greater than I ever witnessed, being so hard and distinct as to allow an exact display of those minuter parts which are so rarely witnessed as almost to raise a doubt as to the accuracy of the delineations. The soft commissures, the peduncles of the pineal gland, the septum lucidum and fossa sylvii, &c. were as definitely exhibited as in the plates of Virq d'Azyr, with which they were in progress compared. A considerable quantity of yellow, well-formed pus was found forced into the brain at its forward part and on its left side, the optic nerve of that side posterior to the decussation being surrounded by it. The basis of the brain beneath the membranes was also covered with pus, the whole amount of this fluid being about an ounce. On removing the brain, the extent of caries of the temporal bone could be traced; this included, beside the opening before described, the entire disease of the petrous portion, which was absorbed in part, and filled with pus. The pathological phenomena of interest in this case are,

1. The fact of so much disease in the proximity of the brain, contiguous to its membranes and no doubt destroying the functions of the eye by pressure, existing, without any intellectual aberration.

2. The verification of the anatomical fact of the crossing of the optic nerves, the pressure presumed to have produced amaurosis of the right eye, being beneath the optic nerve of the left side.

3. The pain never having been referred to any part above the ear, whilst such considerable devastation was found in that region. It is probable, too, that some pressure must have been made on this spot, where the brain was only covered by the scalp, a thin layer of the temporal muscle, some bony spiculæ, and its membranes, as the point at which arteriotomy was performed was less than an inch anterior to this opening.

*December, 1835.*

## CLINICAL LECTURES OF M. LUGOL ON SCROFULOUS DISEASES.

DELIVERED AT THE HOSPITAL OF SAINT LOUIS. REPORTED BY M. BARTHEZ. LECTURE III.

TRANSLATED BY J. CHICKERING, M.D. BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

As some inaccuracies have occurred in our previous report, we shall correct them in a few words of the analysis. M. Lugol will successively treat of five species of scrofula, to which may be referred the great variety of cases of this disease. These five species are the following :—

1. Tuberculous Scrofula. 2. Catarrhal Scrofula. 3. Cutaneous Scrofula. 4. Cellular and adipose Scrofula. 5. Osseous Scrofula.

I.—The tuberculous scrofula is the most common. It may almost be said that all scrofulous cases are tuberculous in some respects : the exceptions are very rare. The production of tubercles is always the seal of scrofula. If you have doubts whether a person has scrofula, these doubts will be removed when you find tubercles in any part of the body. Further, tubercles may invade almost every tissue of the body, as the brain, the lungs, the viscera, the membranes, the bloodvessels and the blood itself.

II.—The catarrhal scrofula, or that of the mucous membranes, presents numerous varieties : the mucous system in all its extent may be at once or successively affected ; or it may be only in part affected, as in scrofulous ophthalmia, otitis, angina, and leucorrhœa. But all these affections are of the same nature, and support each other. Thus, ophthalmia, angina, and leucorrhœa, not only may exist together, but they succeed each other as long as the scrofulous virus remains.

Among the scrofulous cases of the mucous membrane, must be ranked worms which are generated in consequence of the catarrhal state of the mucous membrane of the digestive tube, similar to ophthalmia ; this remarkable state is a frequent indication of scrofula, perhaps as frequent as scrofulous ophthalmia, and often exists without intestinal worms ; its diagnosis is important, because it alone indicates the particular mode of treatment.

III.—The cutaneous scrofula shows itself in several forms :

1. Hypertrophy and induration of certain parts, which, when they are seated in the face, give it a peculiar aspect, called by authors the *scrofulous face* ; this is a loose and indefinite expression, for many scrofulous cases are without it. The scrofulous face exists when the disease is seated in the face.

2. We must rank in the cutaneous species, the growth of lice, which multiply in such numbers on some children, that no care can prevent it. They are not found on strong and healthy children. Put lice on such a child, and they will not thrive ; it is only on poor, sickly, or scrofulous children, that they are found. This kind of scrofula may even prevent the development of a worse kind of the disease. M. Lugol has often seen ophthalmia and cervical tubercles succeed the disappearance of vermin from the hairy surface of the body, or rather these last take a new form of scrofula.

3. Sometimes the skin of scrofulous patients is dry and chapped, and has the appearance of lichen, or is greasy and moist. These two opposite

effects, when referred to their cause, may be considered as signs of the scrofulous disease.

4. Chilblains. Most of those who have had in infancy, numerous, tedious, and obstinate chilblains, are scrofulous. It is not too much to consider two out of three persons, thus affected, as scrofulous.

5. The skin ulcerates and becomes red sometimes to a considerable extent, which brings on one of the most troublesome and obstinate forms of cutaneous scrofula. We must not confound these ulcers with the fistulas and ulcerations which are the consequences of caries and tubercles; for in these cases, the skin is altered gradually. These two kinds of ulceration are sometimes confluent, but they are generally separate.

6. Esthiomenos. This form is the most frequent: it is generally confined to the skin; but it now and then attacks subjacent parts, and particularly the bones in those cases where scrofula is decidedly of a syphilitic origin.

IV.—The cellular and adipose scrofula often consists in an excessive development and growth of these tissues. This cellular hypertrophy, usually soft and flabby, is generally accompanied with a fine and white skin, constituting that particular beauty which is not a good omen. The opposite state is also observed; that is, the atrophy of the cellular and adipose tissues. M. Lugol has seen these two opposite extremes in the same family. It is not rare to see two scrofulous sisters, the one presenting an excessive plumpness of which we are speaking, and the other in whom the development of all the cellular tissues is checked, and consequently in whom there is a leanness which is of a scrofulous character.

V.—The scrofula of the bones appears at the most tender age:

1. Tardy and tedious dentition, accompanied with spasms, not unfrequently arises from this unfortunate predisposition; the scrofulous child has not strength to push forward the teeth, and this is badly done, or the child sinks under the effort.

2. A second form is a distortion of the bones. Scrofulous persons are often rickety; may it not be that all scrofulous persons are rickety?

3. Ought we not to include in this species the accidents connected with the fever of the growth, though such fever belongs more to the whole abnormal economy than to the osseous system in particular? This fever is one of the greatest interest; it is a trying epoch, which decides the fate of scrofulous children; the elements of the disease and those of health seem to be struggling against each other, and the struggle, sometimes critical, gives a happy impulse to puberty; but, oftener, it is obstinate, and then brings on scrofulous maladies, and stops the growth, and the child always remains sickly.

4. Hypertrophy and caries of the bones, which include a great many species, according to the seat, but they all have a common relation to this point, that the history of all scrofulous white swellings is nearly the same as that of the caries of a phalanx.

These different forms of scrofula present characters always the same, whatever be the seat of the disease. But a very remarkable fact is, that one of these forms rarely exists alone; or rather the disease has at once two or more maladies, or they very closely succeed each other. Thus, one scrofulous patient is at one time affect-

ed with esthiomenos and tubercles ; another will have ophthalmia and tubercles ; a third, caries and cutaneous scrofula ; a fourth unites three or four forms of the same disease : these complications are met with much more frequently than the simple forms of scrofula. On the contrary, among other diseases, we see esthiomenos succeeding ophthalmia, and then itself gives place to caries or tubercles. M. Lugol has shown us numerous cases of all these varieties of scrofula taking place simultaneously or successively. What must be our conclusion from this ? That all these diseases are of the same nature, and arise from the same cause. There are not many species of scrofulous diseases—they are only varieties in the seat and form of a disease which is always the same—which always affects the whole individual, a consideration of the greatest importance in therapeutics. After treating of the resemblance of scrofulous diseases, in order to point out their differences, M. Lugol showed us particular cases in which were exhibited all these varieties found in the same individual.

Such is a sketch of the clinical lectures of M. Lugol on scrofulous diseases. The patients have furnished examples of all the species and most of the varieties whose nosological names he mentioned. In the lectures which will follow, scrofulous patients will serve still to show the particular history of the species and varieties, of which M. Lugol will treat, after first giving a history of the cases.

We shall next give the ideas of M. Lugol on this subject, and it will be seen to what extent it is true, as we said at the beginning, that he has found the materials for his clinical lectures in his own experience.

#### REMARKS ON DR. BELL'S PRIZE ESSAY.

[Concluded from page 332.]

"THE view of the relations between body and mind, their varied connections with, and reactions upon each other, presents a field of research extended, and promising the richest and most interesting results to the philosophical inquirer,—a field, as yet, little explored," says Dr. Bell. This is the Doctor's mistake. It has been fully and faithfully explored in all its length and breadth. I hope it will not be considered vaunting if I say that I have mainly devoted more than twenty years of my life, most assiduously, to researches of this kind ; and I do not believe that there is a nook or corner of the field, of which the Doctor speaks, which I have not accurately surveyed ; and I am confident that no one is qualified to give an opinion on the dietetic character of man, till he has carefully and honestly and fully explored this field. The physiological and psychological evidence in relation to the natural dietetic character of man, is full and conclusive : but this cannot be accurately apprehended and appreciated by any one who has not made himself thoroughly acquainted with all that can be ascertained concerning "the relations between body and mind, their varied connections with, and reactions upon each other ;" and if I shall be permitted to present to Dr. Bell and others the results of my labors, in print, as I hope to, ere long, they will find that, instead of "*Utopian dreaming*" or wasting my time in ex-

ploring Cyclopædias and musty libraries to learn what others have thought and said, I have been laboriously engaged in severe scientific researches and original investigations ; and that instead of basing my opinions on the experience of "a few dyspeptics," I have founded them on rigidly ascertained scientific principles. I say not these things boasting, but in frankness, to show medical gentlemen that I am neither a fanciful speculator nor "Utopian dreamer," as Dr. Bell sarcastically insinuates.

But it may be asked why I do not meet Dr. Bell with argument, and show my strength in my reasoning, rather than spend my time in making these proclamations. I reply that, on points which derive their support from popular ignorance and error, it is an easy task to make out an argument which shall be considered strong and conclusive, by the multitude, when the evidence by which that argument is sustained is drawn from the ignorance and error and prejudice, and depraved appetites, of that very multitude. But to reason down the false positions of that argument, in such a manner as to produce conviction in the minds of the multitude, it is necessary that the scope of our reasoning should be such as to dispel the ignorance, and correct the error, and overcome the prejudices, and subdue the passions of that multitude : and this is no easy task, though we possess the whole of nature's armory of truth. In my extended course of lectures, I have condensed my argument on the important question before us, as much as is possible in the nature of the case, without weakening it by want of completeness. Were I, therefore, to undertake to reason the question here, and do justice to it, I could do little less than to publish in this Journal my whole course of lectures. This, of course, cannot be done. And, gentlemen of the medical fraternity of New England, I do honestly assure you that I do not make my appearance on this occasion and in this manner because I have any fears of the effects of Dr. Bell's Dissertation on my individual reputation or interest ; but I do it because I have a fervent love of the truth—a deep and sincere respect for your *profession* as a most important function in the social system, and a cordial regard for the people of "my own, my native land," and a desire to benefit the whole human family. Gentlemen, as surely as mankind continue to exist upon the face of the earth, there will, within ten years from this time, be a mighty revolution of opinion on the question before us ; and scientific men, as a body, will be convinced that, though man may, in many circumstances, do very well on a mixed diet of vegetable and animal substances, and, in some possible circumstances, may find it necessary to partake of flesh, yet, as a general rule, in all circumstances and situations, where man can have his choice of aliment, a well-regulated vegetable and water diet is most eminently adapted to sustain the highest and best physiological and psychological interests of human nature, in every respect. Gentlemen, in the religious world, we know it is always true that, when, on any occasion, a reformation takes place in consequence of a great increase of light, if the priesthood do not keep in advance of the people and lead them on with a rapidity equal to the energy of the spirit of inquiry that is awakened, and thus secure and deserve their respect and confidence, the people will cast off that priesthood with contempt and indignation, as an intole-



able impediment to the progress of truth and virtue :—and thus will it inevitably be with the medical fraternity if they do not advance in the science of their profession, with sufficient rapidity to keep a-head of the inquisitive and scrutinizing spirit of the times. It is in vain for them to attempt to repress that spirit by the voice of professional authority. The time has gone by when the paltry legerdmain of the schools could be practised on the credulity of the people, as the indubitable evidence of marvellous wisdom ; and the physician must now throw away every vestment of disguise, which whilom was considered as essential to the dignity of his profession, and present himself in naked honesty and candor before a rational and intelligent public, and secure the confidence of his fellow creatures by convincing them, as rational beings, that he deserves it, or he will be compelled, whatever may be the insignia of office which he may be able to display, to take his stand and compete with that class of men who batten on the ignorance and credulity of others.

Gentlemen, “am I therefore your enemy because I tell you the truth ?” I know you will not so regard me. It is the honor of your profession I seek ; and I am sure you will pardon my zeal and my boldness, for the love that you yourselves bear to that profession. Society must have an enlightened and elevated medical profession, capable of instructing and directing the active and energetic mind of the present day, in all that relates to the true science of human life, or it must be scourged with every species of quackery and imposition ; and who, that has one drop of the milk of human kindness in his breast, can contemplate for a moment the fearful extent of the present system of quackery and drugging, and not shudder to his inmost soul with unutterable horror at the work of death which he sees going on around him ? And how shall this terrible havoc be arrested, while the people continue to become the voluntary victims ? By no means possible, save by the diffusion of the light of the knowledge of truth. And whence shall this light emanate and radiate to dispel the darkness of ignorance with which mankind are cursed ? Surely it must come from a truly enlightened and elevated medical profession—a profession which seeks to gain no power from the mock-solemnity of mystery, and to borrow no dignity from the antique drapery of an official costume, but commends itself to the understanding which it enlightens, by the light which it imparts.

Dr. Bell finds himself compelled to give up the anatomical argument so long and so fondly contended for by the advocates for man's carnivorous character, and, with at least some show of candor, acknowledges that those who “have been determined to make man an omnivorous animal by the rules of natural science, seem rather to have jumped to their conclusion than to have arrived at it by legitimate induction.” But having made this acknowledgment, he immediately makes a real Sam Patch jump himself, in company with Baron Cuvier, and comes plump into the bottomless conclusion, that though man is not *naturally* organized to feed on flesh, yet he is fitted for animal food *prepared by his reason*. A most reasonable manner, this, of doing an unreasonable thing ! I wish to treat Dr. Bell with respect, but I cannot possibly *feel* any respect for such grave trifling, in the form of scientific reasoning, even though it come from Baron Cuvier, endorsed by Dr. McMurtrie, of Philadelphia,

and Dr. Bell, of Derry. And I am bold to affirm, that no profound physiologist living, after having given special attention to the subject before us, could seriously advance such a proposition ; for the statement itself evinces either an entire want of honesty, or an entire ignorance of the true physiological principles involved. But the truth is, that with all the *pretensions* of the present day, the veriest smattering in physiological science is incomparably more prevalent, even among professional men, than profound attainments. Indeed, some who are set apart for the instruction of others in this exceedingly important branch of medical education, are found capable of writing and publishing a tissue of reasoning which would have done no credit to the days of medical astrology ; and it should be an instructing, as well as mortifying consideration, that some of the most important facts of a physiological, pathological, and therapeutic nature, of our own time, have rather been forced upon our conviction by the great experiment of the temperance reform, than anticipated and apprehended by scientific sagacity.

I have already said that Dr. Bell's sneers and sarcasms about "our modern Pythagoreans," are wholly unworthy of himself and deserve no reply from me. They prove either that he wanted a correct knowledge of our opinions, or that he wanted candor to state them accurately. In the same manner, he quotes the trash of Mr. Lawrence about the "few hundreds of Europeans holding in subjection the millions of vegetable eaters"—"the carnivorous Romans," &c. which, so far as the true principles involved in the question under consideration are considered, are entire falsehoods ; evidently stated in sheer ignorance, or culpable carelessness, or dishonesty, by Mr. Lawrence and the hundreds who have echoed him.

In bringing forward the case of his Wild Bill, or Mississippi Orson, Dr. Bell is truly unfortunate. Had he correctly perceived the real physiological and psychological bearing of this case, on the question in dispute, he would have seen that its whole force is against himself and in our favor. I thank Dr. Bell for this admirable counterpart to Caspar Hauser. The Doctor's "Oriental tyrants" are as little to his purpose.—"Facts incorrectly apprehended only serve to strengthen error." The Doctor may be honest in this reasoning, but he is very weak ; his facts have no real relation to the principles he aims to establish.

The Doctor is also exceedingly mistaken when he supposes that we who contend that "man *has a natural food*," have overlooked, in our researches on diet, the importance of *quantity* as well as kind. There is no point that I have from the beginning insisted upon more than this ; and I am glad to say that, with a single exception, Dr. Bell's remarks on *quantity* are just and valuable. When he says—"It is hardly necessary to observe that there can be little probability, perhaps scarce a possibility, of injury being done to the system by plethoric repletion, if the aliment be confined wholly to vegetable substances," he falls into one of his greatest and most dangerous errors. Indeed there is not, in his whole dissertation, so objectionable a sentence as this—because this is, more than any other, calculated to lead to evil consequences. For the good of the laboring people of New England, then, Dr. Bell will permit me to say, that one of the greatest evils connected with a pure vegetable

diet, is *excess in quantity*. I can solemnly say, that in an experiment on hundreds of the human family, of both sexes, and of all ages, circumstances and conditions, for five years past, the principal source of evil resulting from a pure vegetable diet, has been *excess in quantity*. In fact, the danger on this point is rather increased than diminished by abstaining from flesh-meat, and, for the most obvious reason ;—flesh, like ardent spirit, increases the general action of the vital machinery, by which itself is worked through, and eliminated from the vital domain, much more rapidly than vegetable food ; and hence the dangers in a hard laboring man, arising from excess in flesh-eating, are more from an over action and rapid expenditure of the physiological powers of the system, and a general tendency to inflammatory disease, than from sheer nemiety or over-fullness ; and hence, also, the hard laboring man is longer and better sustained by two pounds of good wheaten bread, than by eight pounds of the best butcher's meat. This I know to be true, both from science and experience. All other things being equal, the laboring man who subsists entirely on a well-chosen diet of vegetable food and pure water, can with ease perform one-eighth more labor in a year, than the man who partakes freely of flesh-meat. This has been extensively demonstrated by experiment. As a general statement, also, the vegetable eater will be able to continue at hard labor, from ten to twenty years longer in life, than the flesh-eater.

There is one more error into which Dr. Bell has fallen, that I consider of too much importance to be passed by unnoticed in this place. He concludes, on the whole, that the dietetic habits of the good people of New England are just about what they should be. But if the Doctor, before writing his prize dissertation, instead of ransacking Cyclopædias and other volumes of printed matter, had done as I have done for many years—gone extensively among the laboring people—upon their farms—into their workshops, &c. and carefully observed, and diligently inquired, and honestly sought after truth rather than to support any theory or hypothesis, he would certainly have been led to a different conclusion. There is probably no climate on the face of the globe much more favorable to health and long life than that of New England ; and no people whose social, civil and religious institutions are better adapted to human welfare than ours. Yet, as a general statement, it is notoriously true that our farmers begin to complain of failing health, and of the symptoms of a breaking down constitution, at about the age of forty, and very few of them indeed reach a hundred years of life. These evils they universally attribute to hard labor. But this imputation is wrong. Not one in a thousand of our laboring people in New England works so hard but that he might, for all that, attain to a hundred years. The truth is, errors in *quantity* and *quality* of food are the principal causes of this early breaking down ; and errors in quantity are not the smallest. The probability is, that the New England people, generally, eat about twice as much food as is compatible with sound and permanent health and long life. But errors in quantity are by no means the only dietetic faults amongst us ; almost every word that Dr. Bell has quoted from Volney is strictly true, and ought to be committed to memory by every American. Dr. Bell is himself very sound in his remarks on quantity, mastication, times of eat-

ing, &c. &c. though he quotes the physiological absurdity of Dr. Beaumont concerning the *quantity* of the gastric juice. Dr. Beaumont has *not* proved conclusively that the gastric fluid ceases to be secreted beyond a certain limit, nor can he prove any such thing; for it is not true—and Dr. Beaumont contradicts himself half a dozen times in his statements on this very point. Dr. Bell ought to be too much of a physiologist to place any confidence in such a notion.

Dr. Bell talks quite too loosely about tea and coffee; he speaks as if it were a mere matter of opinion whether they are really deleterious substances or not, and repeats the thread-bare notion of egregious smatterers, that it may be the hot water which does the mischief. Heat certainly acts on living bodies as a stimulus, and, when powerful, increases vital exhaustion, and produces indirect debility, and diminishes the functional power of the digestive and other organs; and hot food and drinks are unquestionably much less favorable to uniform health than cold food and drink. But both tea and coffee are intrinsically and powerfully poisonous to the living tissues of the human body—and no man can deny it without evincing either his ignorance or want of honesty on this subject.

Yet, after all the fault that I have found with Dr. Bell's Prize Dissertation, it certainly contains much that is correct and valuable; and on the main point, it clearly shows that the less flesh the laboring people of New England eat, the better it will be for them; for, as the Doctor truly says, in those days ago, when our forefathers ate least flesh and were most simple in their diet, they were healthiest and strongest. In short, had Dr. Bell, of Derry, in all cases presented correctly apprehended facts and sound reasoning, instead of sneer and sarcasm, his dissertation would have been quite as good as can reasonably be expected from a young physician of the present day.

S. GRAHAM.

*Boston, December 30, 1835.*

## BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 6, 1836.

### "LET THE DEAF HEAR."

WITH the kindest intentions, doubtless, the author has sent to the *Boston Medical and Surgical Journal* a pamphlet of twenty-two octavo pages, with a formidable title, which is copied below. Preceding a flourish of trumpets in the Preface, is this imperative command—"Let the deaf hear"—which reminds one of the authoritative tone of those who drove the dead-carts through the depopulated streets of London in the time of the great plague—"Bring out your dead," and echo repeated the melancholy mandate—"Bring out your dead;" but the winds give no audible response to the distinguished aurist of Philadelphia. Dr. Togno is evidently possessed of an uncommon share of self-esteem; and this is infer-

\* Annual Medical Statistical Report of Dr. J. Togno's Infirmary for the cure of Deafness, from 1834 to 1835. "To prejudice other men's notions before we have looked into them, is not to show their darkness, but to put out our own eyes."—*Locke*. By J. Togno, M.D., Un. Penn., Member of the Philadelphia Med. Society and of the Philadelphia College of Physicians. "Let the deaf hear." Philadelphia, 1835.

red from the spirit that glows in every line of his statistical report, from alpha to omega. He talks in the prerogative language of kings and editors, and says Wx as boldly as though the Ear Infirmary at No. 98 Locust Street was under the sovereign control of the congress of Kalisch. The manner in which the whole pamphlet is executed, is calculated to defeat the intentions of the writer, because it is evident, on the very face of it, that instead of being the positive outpourings of philanthropy, it is nothing more nor less than a bait to lure customers. The good man is a perfect fanatic on the subject of human ears. Upon ordinary topics, his sanity would not be questioned; but the idea in abstract of the quiet monotony of the deaf, rouses the lion from his lair, and in the majesty of strength he exhibits a monomaniacal fervor. In his Introductory he says—

“Let the deaf hear,” is our motto, and to bring it to pass shall be the daily labor of our life; such is our determination, till we close this worldly career, and if it may be any inducement to stimulate others to follow our example, by cultivating this neglected branch of the healing art, let it then be even inscribed on our humble tomb—“Let the deaf hear.”

With the close of each paragraph, he appears to feel conscious of accumulating power, which in the wildness of his imaginings will hereafter lift him above the region occupied by ordinary physicians, on whom he already looks with pitying eyes. At the present rate of self-elevation, the next annual Togno Report bids fair to assume the dictatorial independence of the inventor of the medical pump, who determined at the outset to force himself into notoriety, and thus addressed the faculty—

“I'll mount my horse, by Jove I will—  
I'll silence all your petty skill,  
And show the world that real merit  
Shall all redound to men of spirit.”

From this air of boasting, which it requires no second sight to discover, and which is unbecoming a man of scientific attainments, people of common understanding must certainly be unfavorably impressed with this performance.

It is due to the public that the name of every individual whose initial letters are inserted in the tabular spaces, should be given in extenso. It is a matter of grave importance to the community if Dr. Togno can accomplish all the wonderful operations on the auditory and vocal apparatus which he asserts that he has performed. He is a stranger:—it is no insult, therefore, to demand corroborative testimony from those mutes who are now said to speak. “Let the deaf hear,” says he; let them publish to the world, too, the benefits they have derived from his magic touch, and our skepticism will give way to a swelling tide of admiration.

If the institution wherein such notable business is transacted—where the deaf and the dumb are said to be taught to articulate their mother tongue—possesses such transcendent claims upon the inhabitants of the United States, it is passing strange that all that is known of it should have been promulgated through this Jonah-gourd of a pamphlet.

When empiricism shields itself under the cloak of regular fellowship with those who are bound by the laws of honor to sustain the dignity of the medical profession, it is extremely mortifying; and the man who deliberately demeans himself and degrades the order to which he may have been admitted, deserves pointed reprobation, even though enveloped in collegiate parchments.

Perhaps we have devoted more attention to this report than it deserves; but we should have been guilty of a dereliction from duty had we neglected to caution the unfortunate not to be imposed upon by the specious pretensions to which we have alluded.

## SUPERSULPHATE AND SUPERACETATE OF IRON.

SEVERAL cases are related by Dr. J. P. Buckland, of London, in which these remedies, in solution, were administered to advantage. The first was a case of periodical return of neuralgic faciei, which had existed for three months. Small doses of the solution of the supersulphate were commenced with, but gradually increased to half a drachm three times a day, which effected a cure within a month. These large doses, however, produced some unpleasant effects on the general health, and the author has not since given it in larger doses than ten minims three times a day. In several cases of leucorrhœa, this solution was given with decided good effect. In a case of night perspiration arising from general debility, this symptom was entirely removed in ten days after commencing the use of the remedy, and was not followed by a relapse. A person affected for two years with paruria mellita, received benefit from this preparation in a month after using ten minims three times a day, and in six months was nearly cured. Dr. B. states that the medicinal properties of the solution of the superacetate of iron are similar to those of the supersulphate, but the former is pleasanter to the taste, and is readily taken by children when mixed with syrup and water. He recommends it in mesenteric diseases, and in weak chlorotic patients.

## CLOT-BEY.

THIS eminent surgeon, who has incontestably proved himself to be an extraordinary man since the day on which the Pacha of Egypt took him into his service, but who would have been consigned to humble village obscurity had he remained in France, has just been raised to the rank of *General*, in addition to that of Chief Physician, Bey, and other titles of distinction and profit. "You have aided us," said his highness, the Pacha, "in a battle the more dreadful, that it lasted for six months (alluding to the visitation of the plague). I congratulate you on your escape from danger, and shall not fail to reward the courage and humanity of which you have given such noble proofs, during the trying circumstances we have just witnessed." Medical men are invariably prized and paid by barbarians. The beginning of professional distinction is generally among strangers. So true is it, that a prophet is nothing in his own country.

*Lithotripsy in America.*—Dr. Randolph, of Philadelphia, as we learn by the American Journal, has performed the operation of lithotripsy (or grinding of the stone in the bladder) in twelve cases, and in all with entire success. In one case, the subject of which was 57 years old, and had suffered from urinary calculus for the last nine years, the stone was crushed and the fragments apparently entirely removed after introducing the instrument three times in the course of a few weeks. With regard to the pain of this operation, about which so much has been written both by its defenders and opposers, this patient stated that it was "nothing compared to what he often suffered from the spasms of the bladder."

*A Question.*—The editor of the U. S. Medical and Surgical Journal asks—"Will the editor of the Boston Medical and Surgical Journal be so good as to inform us what they do with a physician when he shows himself to be otherwise than a gentleman?" *Answer.*—Nothing at all—total neglect being the severest of all punishments for medical infractions.

**Alcohol in the Veins.**—In the eleventh volume of this Journal information was solicited respecting the possibility of alcohol being found in the ventricles of the brain, which was answered by reference to a well-authenticated case in which a fluid that smelt of whiskey and burnt with a blue flame was taken from the brain of a drunkard who died in a fit of intoxication. A fact of no less interest has lately been made known in the eastern papers. It appears that a drunkard, in South Berwick, Me. who had been for several days in a state of beastly intoxication, was bled from the arm, and the blood immediately touched with a flame of fire. It ignited, and emitted a bluish flame for the space of twenty-five or thirty minutes. This is the substance of the experiment, which is considered no less interesting to the physiologist than important to the full understanding of the effects of alcohol on the human constitution. If anything further in regard to the experiment would be of interest to the profession, we trust that the medical gentleman who certifies to having witnessed it, will not fail to furnish us with the particulars.

**Evidences of Christianity.**—Dr. Coit, of Lexington, Ky. is about commencing a course of lectures on this very elevated subject, to the medical, law, and theological students, of that place. Medical men, who discover no evidences of design in the mechanism of animated beings, should never be trusted to prescribe medicine.

**Carbonic Acid Gas in Dysmenorrhœa.**—Professor Mofin, at Genoa, has employed for many years, fumigations of carbonic acid gas to relieve the pain of menstruation, and also in cases of amenorrhœa to produce the menstrual discharge. He considers this gas as a powerful depressant or antiphlogistic. The mode of applying the remedy is, to take a bottle of Wolfé's apparatus, containing some pulverized carbonate of lime : to one mouth is adapted a funnel, through which diluted sulphuric acid drops gradually on the marble : to the other mouth a gum elastic tube is fitted, which, when the carbonic acid gas begins to be liberated, is introduced into the vagina. These fumigations are generally used twice a day. He has employed this remedy for many years, and derived more benefit from it than from any other course of practice.

*Bull. Gen. de Therapeutique.*—*U. S. Med. and Surg. Journ.*

**Osteo-Sarcoma removed.**—M. Lisfranc has removed from the lower jaw an enormous osteo-sarcoma, with success. The anterior part and right side of the pharynx were dissected off from the tumor, for an extent of at least three inches. Half of the bone was disarticulated in this formidable operation.—*Gaz. Med.*—*Ibid.*

**Chloride of Soda and Lime.**—Dr. Dor, who has used the chlorides of soda and lime very frequently, in typhoid fevers, at the Hotel Dieu, of Marseilles, asserts, that at an advanced period of the disease they have an indisputably happy action, which in every case shows itself within 24 hours. But if given on the first appearance of the symptoms, the fever is not at all arrested in its progress. Carefully given, they always or almost always modify the aspect of the symptoms ; to such a point has his observation confirmed this view, that he looks upon the chloride of

soda as almost a specific. It is only to be given for two days consecutively; diluents are then to supersede it; and after an interval of 48 hours it may be resumed.—*Ibid.*

*Annals of Phrenology*.—No. 3, of the second volume, for November, lies upon our table. It was not in season, however, for being analyzed the present week.

TO CORRESPONDENTS.—Several communications intended for this No. of the Journal are excluded by want of room. We have received the Report on Diseases of the Eye, and remarks on Hair-cutting, which will soon be inserted.

DIED.—In Putnam, Ohio, Dr. Samuel G. Dawson, late of Virginia.

Whole number of deaths in Boston for the week ending Jan. 1, 33. Males, 17—Females, 16.

Of lung fever, 3—teething, 1—consumption, 4—erysipelas, 1—inflammation of the lungs, 2—infantile, 4—ulcerated sore throat, 1—throat disemper, 1—dropsy on the brain, 1—accidental, 2—inflammation of the bowels, 2—cancer, 1—intemperance, 1—measles, 3—childbed, 2—croup, 2—hooping cough, 1—typhous fever, 1.

### SCHOOL OF MEDICINE, AT WOODSTOCK, VERMONT,

CONNECTED WITH MIDDLEBURY COLLEGE.

(Incorporated by the Legislature of Vermont, October, 1835, with the power of conferring Degrees.)

THE Annual Course of Lectures, at this Institution, will commence on the second Thursday (10th day) of March next, and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by H. H. CHILDS, M.D.

Physiology and Surgery, by WILLARD PARKER, M.D.

Chemistry and Materia Medica, by DAVID PALMER, M.D.

Anatomy, by ROBERT WATTS, JR. M.D.

Medical Jurisprudence, by NORMAN WILLIAMS, A.M.

Demonstrations in Anatomy, by OTIS PERHAM.

The usual number of Lectures will be *six*, daily—besides the Demonstrations in Anatomy and occasional evening examinations. Considerable additions are now making to the Chemical Apparatus; and opportunities will be furnished to students for *practical Anatomy*, arrangements for that purpose having been made last year in the city of New York. *No subject for dissection will be received from any person, or on any terms.*

Fees for the course—\$45. Graduation—\$18. For those who have attended two courses, but do not graduate—\$10. All the above expenses to be paid in advance, or secured by note, with a satisfactory endorser, to DAVID PIERCE, Esq. Treasurer of the Institution. Board is usually furnished at from \$1.50 to \$2.00 per week, including room, wood, lights, and washing.

Students are requested to come provided with two or more standard works on each of the above designated branches of study. The term will commence with Lectures on Anatomy, Chemistry, Physiology, Surgery and Materia Medica. Degrees will be conferred at the close of the Lecture Term.

Examinations will be conducted by the Medical Faculty, in presence of a delegation from the College, and a Committee appointed by the Justices of the Supreme Court, pursuant to the provisions of the act of incorporation. Requisites to an examination are, that the student produce satisfactory testimonials of moral character, and of his having studied three years with a regular practitioner; that he shall have attended two courses of public Lectures, one of which must have been at this Institution; and that he shall have attained the age of 21 years.

6t

By order of the Board of Trustees,  
E. HUTCHINSON, Secretary.

### MEDICAL SCHOOL OF MAINE.

THE Medical Lectures at Bowdoin College will commence on *Monday*, the 22d day of February, 1836.

Anatomy and Surgery, by JEDIDIAH CORB, M.D.

Theory and Practice of Physic, by WILLIAM PERRY, M.D.

Obstetrics and Medical Jurisprudence, by JAMES MCKEN, M.D.

Chemistry and Materia Medica, by PARKER CLEVELAND, M.D.

The *Anatomical Cabinet* and the *Library* are annually increasing. Every person, becoming a member of this Institution, is required *previously* to present *satisfactory* evidence that he possesses a good moral character.

The amount of fees for the Lectures is \$50. The Lectures continue three months.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September.

N18—Steep

Brunswick, November, 1835.

P. CLEVELAND, Secretary.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. J. V. C. SMITH, M.D. Editor. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy, *gratis*.—Postage the same as for a newspaper.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. XIII.]

WEDNESDAY, JANUARY 13, 1836.

[NO. 23.]

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## PHYSICAL AND MORAL EVILS OF THE PRESENT SYSTEM OF FEMALE EDUCATION IN THE UNITED STATES.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—It was a remark made by Spurzheim, that in no country which he had visited, had he seen the women look so pale, languid and feeble, as in this, and he attributed it to the small amount of exercise which they had. When he made this remark, he referred particularly to those who resided in the cities of Boston and New York. He had at this time had but little opportunity to extend his observation into the interior. I think we can all attest to the truth of the observation. I heard an eminent physician say, in one of his lectures, a few years since, that the inhabitants of Boston would soon become mentally and physically an imbecile race, unless the young men selected their wives from the country, for, so far as his observation extended, three fourths of the young ladies in the higher circles of society had curvature of the spine, or some other chronic disease, which would make them invalids for life. No one would doubt that the Doctor has had an abundant field for observation, or would be inclined to question his veracity, were his name announced.

I think the observation of every man will convince him that there is something radically wrong in the present system of education among young ladies. Their physical condition does not receive from parents or teachers that consideration which it deserves. It is in early life, while they are under the watchful eye of their parents and teachers, that the seeds of those diseases are sown, which are to make them ever after miserable. It is while young that their constitutions are invigorated and strengthened, or weakened and destroyed. What is the course pursued by many parents in this city, in educating their daughters? They are sent to school when they are three or four years old, confined there for hours together in one position, and when they are released for the day, instead of being allowed to play like the boys, they must return home and be confined to a warm nursery till the time again arrives for them to go to school. This is the course for a few years, and during this period they have very little time for relaxation. By and by their forms begin to be developed—they are getting to be young ladies, that is, 9 or 10 years of age;—their mothers begin to think of their future appearance in the world; their forms must receive some attention, their skins must be kept fair, and they must learn a little French, Latin, Music, Astronomy, Natural Philosophy, Natural History, and a variety of other important sciences—and all at once—for at 14 or 15 they must finish their education and be brought out.

Accordingly their bodies are encased in whalebone, their faces are veiled if they venture into the open air, and their heads crowded with such a variety of studies that it is impossible for them to understand any of them. I do not think this an over-drawn picture. At any rate it is drawn from facts which, if not very common, have come under my own observation. If such a course as this does not destroy both the physical and mental powers of all who come under its discipline, it is because they are both originally strong. It must at least relax and weaken the most robust body and vigorous intellect. My opinion is, that no man or woman can have a calm and powerful intellect, capable of effecting great things, who has not a sound body. In fact I will go farther, and say that I do not believe that a man or woman is capable of conducting the ordinary concerns of life, or of managing a family, who has not a sound body. What are the physical effects produced by a want of exercise in the open air—by long confinement to a school room—by ill-ventilated sleeping rooms, tight lacing, and over mental excitement? They are a morbid growth of the body, a narrow, contracted chest, flaccid muscles, curvature of the spine, indigestion, a torpid state of the intestines, a precocious development of the sexual organs, nervous irritability, and the development of tubercles. Any one of these difficulties is enough to excite the imagination, sour the temper, vitiate the taste, distort the judgment, and destroy the happiness of the naturally best child in existence. It may be said that parents desire to have their daughters beautiful, healthy, and accomplished. This is unquestionably true, and yet they take the very means to make them the opposite. Now this must be the result of ignorance—or else their ideas of beauty and intelligence consist in a pale face, a languid and sickly body, and a distorted mind. If it arises from ignorance, they should be enlightened; if from false ideas of beauty and intelligence, their taste should be changed.

I think that there are five great faults in the present system of educating young ladies. 1. They are sent to school too young. 2. They are not allowed to take sufficient active exercise in the open air. 3. They are compelled to study too many hours in a day. 4. They engage in too many studies at one time. 5. They finish their education too young—or, in other words, they are introduced into society at a time when they are best fitted for study. The idea of sending a child, two, three, or even four years of age, to school, where it is confined in a close, heated and impure atmosphere, for four or six hours in a day, and this the year round, is indeed ridiculous. If children are sent to school at that age for three months, and are then allowed a vacation of three months, as children in the country are, perhaps their constitutions would not suffer. This desire of having learned children, exhibits a kind of vanity which is to me extremely painful, for it leads to sickness and distress.

We may sometimes obtain correct ideas of the taste and wisdom of parents, in the education of their children, by observing the management of those schools which are the most popular. I will call your attention to the regulation of a young ladies' boarding school in this vicinity, which has acquired a great reputation. In fact, such has been its popularity, that they could not take all the young ladies that have applied. It will be seen that exercise does not enter into the requirements. Rise

at 5 in the morning, wash, and prepare their rooms. Breakfast at 6. After breakfast, get their lessons. Go to the school room at 8—remain there till 12. Dine at 1-2 past 12. After dinner, get their lessons. Go to school at 2—remain there till 5. From 5 to 7, they can do what they choose : some of them take short walks, arm in arm ; but most of them remain in their rooms. At 7, commence study again. At 9, retire.—I will leave you to judge of the ruinous consequences of such a discipline. A celebrated physician says—I lately visited, in a large town, a boarding school containing forty girls, and learnt, on accurate inquiry, that there was not one of the girls, who had been at the school two years, that was not more or less crooked. His patient was in this predicament, and all her companions were pallid, sallow, and listless. This school was very popular, and the lady who had charge of it was considered by the fashionable as possessing all the higher qualifications of a teacher. I could give other examples which would go still farther to prove that parents in general have no just ideas of the importance of exercise. For if they had, they would never patronize those schools where it was entirely neglected—where, in fact, it was not one of the requirements. Young ladies are required to study too many hours in a day. Six hours in a day of close study are enough for any one. One can learn as much in that time, if her mind is engaged, as she can in ten hours. I do not mean by this that young ladies should confine themselves for six successive hours to close and unremitting study, for I do not believe that any young person should study more than an hour, or at most two, without taking a little exercise either in the house or in the open air. The mind requires frequent relaxation, as much as the muscles do. The arm cannot be held in one position more than a few moments without fatiguing the muscles that are brought into exercise ; but by a moment's relaxation, that position can be resumed.

Dr. Beddoes, an experienced English physician, says that children should never be confined to their books more than an hour at a time, and that those children within his knowledge that had not been confined longer than this at once, made the most rapid progress in their studies, felt the deepest interest in their books, and retained their acquisitions more firmly than those who were confined for several hours.

Young ladies engage in too many studies at one time. It is not an unfrequent occurrence for a young lady to engage in five or six different branches of science at once. It is a common, and I think a true saying, that a "jack at all trades is good at none ;" and I feel sure that a young lady who recites in French, Latin, Geography, Natural Philosophy, and Music, every day, cannot understand what she learns. It appears to me to be the perfection of education to learn to concentrate all the powers and faculties of the mind upon one subject, until that is perfectly understood. If a young lady commences the study of Natural Philosophy, and pursues it to the exclusion of all other studies, she not only retains what she learns, but she reflects upon the facts which she has collected, during her hours of relaxation—and in a short time her whole soul will be engaged in it. If I wished to travel to New York, and went as far as Dedham the first day, then turned and went to Cambridge the next, and to Nahant the third, I might possibly know something of those places,

but there would be a poor prospect of my ever arriving at New York. So if I wish to obtain a perfect knowledge of any one science, and study that one hour in a day, then engage in the study of other sciences not connected with the one in which I wish to perfect myself, I may know something of all these sciences when my time for study has expired, but I shall not have accomplished my object. Let a young lady commence her studies, and confine herself to one, or at most to two, books at one time, and if she does not finish her education too early in life, she will have laid up a vast fund of knowledge, a fund from which she can ever after draw the richest draughts of enjoyment.

But ladies finish their education too early in life. In England, young ladies do not finish their education till they are twenty years of age, or more—and they are not introduced into society till this time. The consequence is, that they are generally well educated. But in this country, young ladies are considered educated and marriageable as soon as they have passed the age of puberty. It is impossible, therefore, that they should be well educated, for they have not the time, and their judgments are not sufficiently matured to understand all they should learn. I consider this forcing young ladies into society, a most baneful practice. It is fraught with the greatest danger. For example—a young lady, fifteen or sixteen years old, is introduced into society. She is beautiful, and perhaps rich. She is immediately surrounded by admirers, and all her ideas are absorbed in one. To obtain a husband, is now her object—study is at an end—her judgment is not matured—and she forms her opinions of gentlemen by their external appearance. She certainly runs the risk of being deceived; but if she is not—if she succeeds in obtaining a good husband, she is ill prepared to take charge of a family or to make him happy.

I should like to pursue this inquiry still farther, but have had time only to throw together these few loose ideas. I cannot, however, leave it without calling attention to a young ladies' school in this city, really deserving of notice. The young ladies board with the teacher, with whom they are upon the most familiar terms. They rise at 6, and attend prayers. Breakfast at 1-4 before 7. They then go to their own rooms, make their beds and prepare their wardrobes. After they have done this, they are required to take exercise in the open air for half an hour or more, not, however, without an object, for they are generally required to go and see some object of charity, or visit some curiosity. At 9, the classes are called together. They have no exercise which requires them to sit in one position more than half an hour. At 12, they have some exercise in the house. At 1-2 past 1, dress for dinner and dine at 2. At 3, they have a lesson in music, needle-work or drawing. From 1-2 past 4 to 6, take exercise in the open air. Tea at 6. From 1-2 past 6 till 8, study. Now take a little exercise about the house. From this time till 9, some one of them takes a book and reads, while the rest sit round the table and work. Retire at 1-4 before 10. They are not allowed to attend parties or balls. Their food is of the most simple kind. They are never allowed a fire in their rooms, and they are required to sleep with the door of their sleeping rooms open. They sleep on hair mattresses, and hair pillows. This school has been in operation four

years. During the whole time, the average number of scholars has been fifteen. There has been only one case during this period, that required the attendance of a physician. There has been no case of diseased spine. Several have come there in feeble health, and improved while under its discipline. P.

Boston, December, 1835.

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#### DR. WORKMAN'S REPLY TO DR. HEYWOOD.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—In the communication published in the Journal of November 4th, under the head of “Vexatious Consultations,” it was expressly stated, at the outset, that the object of the article was to call the attention of the profession to the subject of medical police consultations, as one deserving their consideration. I had had it in mind for some time before, to call up this matter, hoping that some one or more gentlemen, competent to the task, might be induced, by the importance of the subject, and the glaring abuses of privilege often practised, to exhibit to the profession some well-digested code of conventional rules of conduct, which should prove effectual in correcting those abuses. A case was related, as a convenient introduction to the remarks that were to follow, after the manner and form of a *supposed* case. From the doubt implied in your remark preceding it, sir, I am induced to believe that you considered it in this light. And, as in the history of the case no names were given, only the material facts and circumstances necessary to make out a case being stated, it might have passed off as such, if Dr. Heywood had not seen fit to come forward and take the responsibility upon his own shoulders, by acknowledging himself the gentleman represented as the consulting physician. Perhaps he might have had some compunctions on reading the communication, which his conscience would not allow him to conceal.

In my remarks, however, which followed the case, no personal allusion was made to any individual, or to which any gentleman, in the habit of respecting the rights of his brethren, could take exception. They were general in the broadest sense of the term, relating to a discussion of the subject in all its bearings, in relation to the conduct of the “*counselled*,” as well as of the “*counsellor*.” The Doctor agrees with me “that it is an important subject and ought to be better understood.” Perhaps I ought to consider myself fortunate to have his approbation on one point. But instead of discussing the matter as one of general interest to the profession, and with a view to the development of some general principles, upon which might be founded practical rules of conduct, the gentleman immediately narrows it down to a mere personal affair, and proceeds to argue his own cause.

I am well aware, Mr. Editor, that a personal contest in relation to the rights of individuals in a single case, can be of little interest to your readers, and perhaps productive of less practical benefit to the public; but as the Doctor’s “*errata*,” is so essentially in *errore*, I feel compelled, not only from a sense of duty to myself, but in justice to him, to analyze

his paper, in order to exhibit the *raw material* of which it is fabricated, that the public may be able to correct any incorrect conclusions they may have drawn from it.

The Doctor soon begins to exhibit his temperament, for in the very first paragraph he lets off a sly inuendo at some poor "*counselled*" gentleman, for neglecting to carry into effect "a particular course of treatment" to which he had agreed "in consultation;" and further, for retaining a patient, whom he may have been "requested to visit by his unsuspecting brother, during his temporary absence—after his return and contrary to his wishes." At whose vitals the Doctor aimed this arrow, is best known to himself. Never having been guilty of the iniquity here imputed, I have no reason to suppose that I was his target; I can assure him, therefore, that it fell harmless at my feet.

He proceeds, "in the first place," to inquire, "who was in fact the attending physician?"—and settles this inquiry as follows. "The messenger called at my house, I being absent. He, on his return, saw Dr. Workman, and without any direction from the parents of the boy, called him in." Here we have a direct and unequivocal statement from the Doctor; a treasure of rather rare occurrence in his writings. But he "has made a *slight variation*" from the truth in this statement, which, I trust, he will be obliged to me for correcting. When the boy was brought home, the father directed a messenger to go with all possible speed for the Doctor. The messenger inquired—what Doctor? The father says, go for the Doctor that has been attending at uncle Jonathan's—meaning his brother, who lived a few rods distant. And as I had, a short time previously, been attending to a badly lacerated wound at uncle Jonathan's, the messenger, supposing I was the Doctor intended to be called, came directly to my office and requested me to go in great haste; and I accordingly went. I have this statement both from the father and messenger; though their feelings evidently incline them to make it as favorable to Dr. Heywood as the truth will allow. For the remainder of the circumstances, I happen to know them myself. When counsel was proposed, as stated in my former paper, it became a question who should be called. The father says, Dr. Green is considered the greatest surgeon here—I should like to have him called to advise with you (I think these were his very words), and inquired if it would be agreeable to me. I answered—"have your choice—I have no objection to any one." Accordingly the same messenger was despatched for Dr. Green. The father, however, called to him as he was going out of the door, and said, "*If Dr. Green is not at home*, go across the street and ask Dr. Heywood to come." He presently returned, and reported that he found neither of those gentlemen at home. Dr. Green, he was informed, had gone away some distance, and was not expected soon to return; Dr. Heywood had gone to the red mills, about a mile below, and was expected every *moment* to return. He left word for Dr. H. to come. The father then said he would go himself and find Dr. H. as he was the nearest, and, turning to me, requested the privilege of taking my horse and carriage, as there was no other handy. I told him he might take them, but, as the other gentlemen were absent, he had better go directly to the Hospital and get Dr. Woodward. Soon after, Dr. Heywood arrived,

and in about ten or fifteen minutes more, Drs. Woodward and Chandler. With this statement of facts and circumstances, the truth of which, I think, the Doctor will not undertake to deny, when he has made suitable inquiries, I leave your readers to decide who was *first* called, and consequently "in such possession of the case as to entitle him to the appellation of attending physician." The Doctor says, "he was followed to his carriage, and requested by the father of the lad to take charge of the case." That Dr. H. is a much older, and consequently more experienced, physician than myself, I admit. Considering this fact, and that he has always practised in town; that I had only been a few months here, and was unknown to the parent, except as I had been attending in the neighborhood; and that it was well understood by him, at the time, that there was a difference of opinion as to the diagnosis of the case; and under the agitation of his mind caused by the sufferings of his child, it is not at all surprising that he should have chosen to have Dr. H. continue his attendance. But I ask, what was the proper course for the Doctor to pursue under the circumstances? Perhaps "most physicians" would have said, sir, I will attend with the other gentleman as often as you desire. The father stated to me at the time, as remarked in my former article, that Dr. Heywood *proposed* to come again. He says *now*, that it was his choice to have him continue his attendance, but he is unwilling either to admit or deny to me that the Doctor *first made* the proposition after they went out of doors. I have no doubt myself that the fact was as he stated at the time. But that he said to Dr. Heywood, "he did not intend I should have anything further to do with it," because "I did not appear to understand the case," the father now flatly denies. His denial of a most important clause of the Doctor's quotation of his words, may leave, at least, some reasonable doubt as to the correctness of the remainder.

The Doctor, in his last paragraph, makes a most dreadful thrust at my obtuseness of apprehension in not taking the hint to make my escape when a consultation was proposed. He says I "was not permitted to do anything for the boy without advice, which, to most physicians, would have been a diagnostic symptom that their services were not particularly acceptable, and would induce them to withdraw the first convenient opportunity, without waiting for more explicit information." On this point of professional etiquette, I confess my ignorance. I beg pardon, Mr. Editor, for making so long a quotation. But it contains a piece of information in regard to the etiquette of the "*counselled*," which is entirely new to me, and for which I am greatly obliged to the Doctor. And I doubt not my junior brethren will unite with me, in expressing their gratitude for such a precious morsel of instruction from so wise a master. Gentlemen, take to your heels "the first convenient opportunity," for you may know your "services are not particularly acceptable," if you are ever so unfortunate as to have a consultation proposed.

The Doctor accuses me of giving a different "diagnosis at the time" from that contained in my communication; and is particular to note in the margin, "for the truth of this statement, I have the certificates of both the other medical gentlemen present." Now I ask Dr. Heywood why he did not publish those certificates. He went twice to the Hospital

to obtain them. The first time, Dr. Woodward (probably considering his case a desperate one) advised him not to write. At the second visit he demanded certificates with a view to publication. I ask, again, why he did not publish them? and not exhibit his meanness by referring to them in this manner. Sir, I can tell you the reason. Those certificates showed the "ignorance concealed" of the gentleman, as well as the very important "impression" to which he has alluded. Those medical gentlemen were not sufficiently subservient to his wishes; they had the magnanimity to tell *the whole truth*. I invite the Doctor to publish the certificates, assuring him that I shall never deny any fact certified by those gentlemen: their motives as well as veracity are beyond suspicion.

The gentleman very facetiously makes several attempts to show my want of discernment. When, says he, "the correctness of that opinion was questioned, and a suggestion that the coracoid process might be broken by the head of the humerus being driven violently against it, he mistakes the effort to ascertain that circumstance, for an effort at reducing it." At reducing what? But let us look, for a moment, at "the little attending circumstances," which doubtless "escaped the Doctor's notice." When Dr. Heywood took the arm, and *before a word had been said by me* about the diagnosis, he pronounced it a "dislocation of the humerus forward," as stated in the history before given. What was his object in the "effort at reducing," I only inferred from the "attending circumstances." He at this moment requested me to take hold of the forearm and make extension; which I did *slightly*, while at the same time he applied his thumbs to the fore part of the humerus near the head, and with a considerable *apparent* "effort" at *something*, bore on till the patient screamed out most lustily; he relaxed, and again renewed, the "effort," but things remained in statu quo. If he intended by this manœuvre, "to ascertain" fracture of the coracoid process, I must certainly acknowledge my ignorance of his object. By the way, the coracoid had not been mentioned at this time. However, he then turns to me, and inquires, what do you find to be the matter with this shoulder? I answered, "sir, examine for yourself." But, he said, if you have ascertained the difficulty, you may as well tell me, and save the patient the pain of further examination. I gave him an opinion as to the difficulty; and immediately after, the other medical gentlemen came in, when Dr. Heywood varied his diagnosis, as stated in my former paper. These "little attending circumstances" were very strongly impressed on my mind at the moment, because it was evident that the Doctor, in his acuteness at diagnosis, had mistaken the case, and was giving the patient unnecessary pain. It was my opinion at the time, and is still, that his *main* object was, by some sort of finesse, to produce an impression on the minds of the parents, in order that the result might follow *as* it actually did. The two medical gentlemen present, I have no doubt, will certify to their belief in the same opinion, if Dr. Heywood will take the trouble to apply to them on the subject.

In order to get over the imputation of "ignorance concealed," however, the gentleman goes into a course of reasoning, from "little attending circumstances," all very philosophical, to be sure, to establish "the position in which the boy struck the ground," the direction of the force



applied, and consequently the nature of the injury : and having established these points so satisfactorily (to his own apprehension), I am half disposed to let it pass without marring the beauty of his theory. But I fear I should do him injustice. Passing over his philosophy, let us come directly to the very logical conclusion at which he arrives ; viz. "that the line of direction of the fall would pass very nearly diagonally between the scapula and clavicle, a little nearer the former than the latter." The "visual organs" of the other medical gentlemen present must have been considerably "deranged," or the Doctor's theory must fall to the ground. According to their vision, the force was received precisely on the anterior point of the small tuberosity (not "on the large tubercle") of the humerus, which point is pretty nearly indicated by "anterior exterior." Those gentlemen have recently examined the shoulder, and noticed the mark spoken of by the Doctor, and according to their "perceptions," the force applied must have driven the head of the humerus nearly directly backwards, as implied in my former communication. And I can assure Dr. H. that he may be furnished with a certificate to this effect, if he will give himself the trouble to apply for it ; yea, further, that they have no hesitation in saying that my diagnosis was correct, and the neck of the humerus broken, as I before asserted. The circumstances which led me to give that diagnosis, were the symptoms related in the history of the case, and of the correctness of the indication from these, every reader may judge. Dr. Heywood formed his opinion, it seems, from the "scratches on the face," &c. He does not deny the correctness of my statement of the symptoms in a single particular, neither does he deny that the humerus was broken. He evades the question entirely, and endeavors to raise a dust with his "little circumstances," to obscure the vision of your readers, and then submits the question, "whether there is any natural or physical impossibility in the supposition that the cartilage at the anterior margin of the glenoid cavity might be considerably injured" ! Sir, I might submit a thousand questions as irrelevant to the case as this. "But no crepitus, like that produced by a fractured bone, could be detected" by the Doctor, "or either of the two other medical gentlemen present." He must have labored under a singular obliquity of "perception" when he penned this assertion, for the certificates informed him that he admitted *he felt* distinctly the crepitus of fractured bones ; and I pledge myself, if he will but ask the favor, those gentlemen will now certify that they did not examine the limb at the time.

The Doctor is "a little puzzled" to comprehend how contraction of the pectoral muscle could displace the *exterior* fragment *forward*. I have only time to say to him, on this point, if he will a little more carefully review his anatomy, I believe the whole mystery will be explained to his satisfaction.

In a note in the margin, the gentleman again draws his long bow and lets fly his arrow, insinuating my total want of experience in the sensations produced by fractured bones, &c. Mr. Editor, I boast not of my experience ; if it prove as fallacious a guide to me as it has to Dr. Heywood, I certainly never would name it. If I have been correctly informed, it has deceived him in *other* more important cases than the present. I beg pardon, sir, but the Doctor has set the example.

But "the progress of the cure throws some light" on the case. Why did he not improve the opportunity and determine precisely what "the nature of the injury" was? He had unmolested possession of the case, and every possible facility to do this. It seems the dressings were removed and motion given to the limb on "the fourth day," without pain; "and in twelve days the dressings were all removed," and he could use "it nearly as well as the other." The patient stated, in presence of the medical gentlemen at the Hospital, that he could not use his arm *at all* for about a month after the injury. The parents informed me, that about ten or twelve days after the accident, he thought he felt the bones slip in his shoulder, and would insist upon it for several days that something was out of place; but he gradually got over this sensation, and now does not complain. All these circumstances appear a little unfortunate for the Doctor's *view* of the case, as well as for the accuracy of his judgment in discriminating the "sensations produced in the examinations of fractured and injured limbs."

Enough, I trust, and more than enough, has been said, to establish the positions taken in my former article. But there is one piece of evidence still remaining, which I cannot pass unnoticed, and that is the shoulder itself. In his haste to effect a cure, and blinded by the dogmatism of his theory, he has perpetuated the memorial of his "ignorance concealed." By removing the dressings too soon, the exact apposition of the parts was lost, and they have now become consolidated, leaving an inequality around the head of the bone, which is not only perceptible to vision, but to the touch also. The body of the humerus being a little raised and drawn forward upon the head, is there united—which renders the deformity visible at the first glance. It is so much elevated, that the large tuberosity, upon raising the elbow to a level with the shoulder, instead of playing under the acromion as usual, strikes against that process; and this explains why the lad can now use this arm "*nearly as well as the other.*" He can perform the other movements very well, but he cannot elevate the arm beyond the point above indicated, without at the same time inclining the body to the opposite side, or raising the scapula with it.

Now, in view of all these circumstances, which Dr. Heywood must have had the best opportunity of knowing, why did he not, when he discovered his mistake, act the part of a gentleman and acknowledge it, or keep silent on the subject, and not go to procuring certificates that expose his own mistakes, to hold them up as a scourge over my head? If it had been a question of diagnosis in a case of obscure internal disease, or even whether the case had been smallpox or chickenpox, there might have been some show of reason for cavilling on the subject; but in so plain a case of external injury, it is marvellous indeed that the gentleman's obstinacy should have led him to expose himself in the manner he has done.

Mr. Editor, if the Doctor had met the case fairly, stated facts correctly, and shown me to be in error in the whole or in part, I certainly would have retracted every offensive word. But he has not done this. Instead of meeting my assertions, which were direct and explicit, and, if inaccurate, capable of being refuted directly and explicitly, he has evaded

them almost entirely, and endeavored to screen himself by resorting to "little" subterfuges, and pitiful insinuations, and gross misrepresentations of the important facts in the case.

But, sir, it is unnecessary to comment further. I leave for your readers to decide from what quarter the "savor of hyæna" comes.

Worcester, Dec. 31, 1835.

WILLIAM WORKMAN.

### "TALL OAKS FROM LITTLE ACORNS GROW."

[Communicated for the Boston Medical and Surgical Journal.]

It is not a little honorable to the profession, that, in all ages, medical men have striven for the good of the race, in opposition to their own pecuniary interest. Loving money, and the blessings money will purchase, as well as any other class of men, they have yet labored to diminish the amount of their own business whenever the good of mankind has been in the opposite scale. Witness the boldness and zeal of the faculty in introducing and promoting vaccination, by which a prolific source of wealth to the profession is instantly dried up. And not boldness and zeal only. To this very day, in this most enlightened age, how many sacrifices of feeling have we not to make—how many ugly obstacles to encounter, in order to induce people to accept this rifter of *our* pockets and protector of *their* health and life. Witness, also, the lecture on lecture, and book on book, that has been written by medical men, to dissuade the fairer proportion of our race from the health-destroying practice of tight-lacing;—and the preachments we are always making about diet, against intemperance, exposure to cold, and numerous other of the chief sources of those diseases which furnish us our daily employment and our daily bread.

Indeed, so numerous are the subjects relating to health that have been again and again presented to and urged on the public attention, that one would imagine the whole story had long ago been told. Not so, Mr. Editor, in my view. The *great* things have indeed been told, but the *little* things have been very unwisely neglected;—things little, I mean, in themselves, but great in their consequences. A few years ago the notice of people was drawn, or rather called, through the medium of your Journal, to the injurious but common custom of covering the mouth with a silk handkerchief when in the open air, and I have reason to believe that those few and unpretending remarks did no little good. It is my desire now to point your attention to a fashion that is almost *universal*, and yet a prolific source of disorder and disease. I allude to the mode of hair-cutting now practised in this country, and, so far as I know, all over the fashionable world.

The objectionable part of this mode is, the cropping short the hair on the back part of the head and neck. In olden time, when wigs were worn, our grandfathers were used to live all the days of their lives;—now, we are fortunate if we live them half out; and these are filled up with suffering and disease. Every anatomist knows that, forth from behind the head, issues that large but most delicate and susceptible organ, the *spinal cord*. It traverses the whole length of the back, and, from

every point of it, nerves go out and penetrate and encircle the body. On the integrity of this organ depend the health and vigor of the greater portion of the trunk and extremities ; and the certainty with which a vast number of painful but little understood diseases, can be traced to disorder in this " silver cord," has been beautifully and forcibly illustrated in the recent work of Mr. Teale—a work full of practical wisdom, and valuable to every medical practitioner.

Now if any part of the living fabric requires to be guarded against exposure, it is the spinal cord,—especially at the point of its out-coming from the skull. Yet what do we see in the streets of every city and town and village ? Amid the chill blasts of winter, we see the head warmly protected by a close hat or a fur cap, and the back well covered by warm and comfortable garments ; but this very spot, the back of the head and neck, between the collar and the cap, left exposed to the cold, to the wind and the storm. As if studious to open as widely as possible this broad avenue of disease, the warm covering that a kind and careful Providence had provided for this part, is almost impiously cut short by the universal fashion of the day, and hence come a host of obscure, painful and fatal diseases that were rarely witnessed until this mode of hair-cutting was adopted.

I ask not for the restoration of the venerable wig, though I believe in my heart it was a great promoter of health, but I do entreat the public, as they value health and long life, to abandon this abominable practice, and follow the dictates of science, and the teachings of Nature, who has furnished for this critical portion of the body a warm and abundant covering.

I know but two or three men who have resisted this absurd as well as destructive fashion. One of them is the celebrated Audubon, and another is a distinguished teacher in the vicinity, scarcely less noted than the ornithologist for his safe exposure to all sorts of cold and hardship. Some persons, it is true, wear high and warm collars to their wrappers, but this is a very inadequate substitute for the natural covering. The only security is in a good crop of hair behind the head and neck. Curl it and ornament it as you choose, but allow it to grow long and thick. Away with that great absurdity in fashion—wearing the hair thick on the cap-covered crown, and cropping it short over the part that is most exposed and tender.

*Boston, January, 1836.*

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## BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, JANUARY 13, 1836.

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### MEDICAL CONTROVERSY.

THE reader will notice in the Journal, to-day, an elaborate communication from Dr. Workman, in reply to Dr. Heywood. Chiefly with a view of eliciting the opinions of these talented gentlemen upon the subject of professional etiquette, which is of great importance in this thriving coun-

try, every facility has been offered them for freely discussing their grievances, even to the exclusion of other original productions. Presuming their correspondence to be now completed, we shall publish, next week, several valuable communications which cannot, with any sense of propriety, be longer delayed. In future, personal controversies will rarely be admitted into the Journal, unless peculiar circumstances demand, from a full conviction that their tendency is decidedly unfavorable to that harmony which should pervade the medical community.

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FIRST LINES OF PHYSIOLOGY.\*

WHEN we had occasion, a week or two since, to mention the appearance of Dr. Oliver's system of Physiology, we had not been favored with a sight of the volume. It gives us much pleasure at this time, after having examined the work, to express our favorable opinion of its merits, as a literary and scientific performance. Unfortunately for the reputation of medical writers in this country, they have too generally collected their facts from European sources, regardless of the treasury that might be drawn upon at home. Our physicians, surgeons, and public teachers, are not, we are inclined to believe, by any means inferior to those whose names have become familiar to us through the transatlantic press. Whenever a native author has industriously availed himself of the rich harvest at home, he has usually secured the respect of the learned every where. Certainly few men ever gained more for themselves or their country's fame, in the quiet pursuits of physiological inquiry, than Dr. Rush. The simplicity characterizing the volumes which are to transmit his name with profound respect to succeeding ages, gives them a peculiar charm; whilst the observations embodied by that pioneer of medicine in America, were principally gathered within the circle of his own private practice. Beck's Medical Jurisprudence is another work, in the series of American medical literature, that must command the patronage and approbation of physicians; and, if we mistake not, the work before us is destined to take rank with them. Dr. Oliver appears to have yielded to the desire of the medical pupils of Dartmouth College, in this publication—which desire certainly reflects credit upon the taste and intelligence of the class. Every chapter carries indubitable evidence of accurate scholarship. The work was expressly designed for the use of students, and it will be found, we think, an important guide for them, the whole—a fair octavo of 520 pages—being a truly valuable treatise on physiology.

A more complete analysis is in course of preparation. We cannot now leave it, however, without recommending the author's physiological labors to the encouragement and sustaining influence of the profession.

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TRANSMISSION OF VACCINE VIRUS.

WITH reference to the best mode of transmitting this invaluable article to distant countries, without having its peculiar properties lost or deteriorated, we now state, for the information of those who may be interested, that charged quills have been sent from this office to Persia, the high northern latitudes, the West and East Indies, the Western Islands, South America, and the remotest sections of our own country, which proved to

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\* First Lines of Physiology; designed for the use of Students of Medicine. By DANIEL OLIVER, M.D. Prof. of the Theory and Practice of Physic, &c. in Dartmouth College. Boston—Marsh, Capen & Lyon. 1836.

be unimpaired when opened. Each point, after having been charged and re-charged, several times, is dried in the shade. This is an important circumstance to be recollected, as light is thought to have an influence in destroying its value, or at least to leave it in a condition unfavorable for being kept a long time after. A dossil of carefully-dried, clean cotton wool is then placed in the bottom of a small, thick, flint phial, with a ground stopper, and a layer of quills dropped upon it. Over these is spread a covering of cotton, and so on, alternately, till the phial is full. However much the vessel, carriage, or whatever may be the vehicle of conveyance, is agitated, the elasticity of the cotton prevents any motion of the quills amongst themselves, and consequently the scale is not shaken off or in the least degree disturbed. The glass stopper is thickly and securely covered with sealing wax. If the package is intended for a tropical climate, the entire body of the phial should be coated with the wax, and also receive several coverings of varnished paper. On the voyage, the coolest, driest and darkest part of the vessel should be selected for a place of deposit. If possible, on the day of opening the seal all the quills should be inserted, as exposure to the air, in another climate, a long while after they are charged, might be detrimental. By making arrangements for using the whole at once, if patients can possibly be mustered, fresh virus may most certainly be raised from some one of the whole, on the eighth day following.

#### MEDICAL SCHOOLS OF PHILADELPHIA.

PHILADELPHIA has long been considered in this country as the focus of medical attraction, as Paris is on the continent of Europe. It has been stated this winter that nearly seven hundred students are at present attending the two medical schools in that city. A gentleman from this quarter, well qualified to judge, writes respecting the facilities of dissection—that “for about a month after the commencement of the term, the supply, though large, is not quite equal to the demand; after which, the anatomical zeal begins to decline, and subjects sometimes lay unsought on the tables. On the whole, during the latter part of the course, a person might occupy as much time as he pleased in dissection. The average price of a subject is eight dollars, and a class usually consists of six persons. The dissecting rooms in each of the schools are much better arranged and more comfortable than in the Boston one” [in this we beg to dissent from our correspondent, the Boston school not being inferior, in our opinion, to any in the Union]; “and of the two here, I think that the Jefferson (new) school is the best. But independently of anything else, Dr. Pattison’s lectures are alone worth coming for. Dr. McLellan, on Surgery, is a very original genius, and sets at naught all authorities, as such, but draws his principles and practice from common sense and observation. By the earnestness and vehemence of his manner, he certainly rivets one’s attention. Something of the same manner, though less in degree, characterizes some other of the professors. In short, we have no lectures delivered ‘ex cathedra.’” For further information respecting this school, the medical student is referred to the circular, published by the faculty.

*Creosote in the Treatment of Acne indurata.*—Dr. Elliotson, of the North London Hospital, refers to a severe case of this disease, in a woman who had been afflicted with it for six or seven years, which was cured by the

administration of creosote. The patient took twelve or thirteen minims every day for five months, having begun with a drop or two. When the dose had reached eighteen minims, the creosote began to nauseate, and was reduced to twelve or thirteen minims. Tar water was formerly much celebrated for chronic diseases of the skin, and from this circumstance Dr. E. was induced to try the creosote in this instance—it being an old remedy with a new face—and the result was, that the patient's old face received quite a new appearance. In some general remarks on this disease, Dr. Elliotson says it is one in which nothing can ordinarily be done. It is very common with young people when they are becoming adults, and sometimes continues after they have become adults, in both sexes. He has tried mercury, sarsaparilla, &c. but is not aware of having done any good by them. Locally he has applied stimulants with some benefit, night and morning—such as rubbing the face with citrine ointment, &c. When the disease begins with puberty, or just about puberty, it is in general only temporary; but when it comes on later, it usually becomes a permanent disease.

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*Mortality in 1835.*—The number of deaths the last year in Plymouth, Mass. containing a population of about 5000, was 61. In 1834, the number was 125.—In Hartford, Conn. exclusive of W. Hartford and the almshouse, the number of deaths in 1835 was 180. In 1834, 192.—In Salem, the number was 171, an unusually small number.—In Marblehead, 118.—In Charlestown, 146.—In Warren, R. I. with a population of 2000, the number was only 19. Of these, five were 88 years of age or upwards, one 80, one 75, and three under 21 years.—In Boston, the number was not far from 1900. Population about 78,000.

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*The Homœopathic Doctrines.*—There are three very distinct propositions embraced in homœopathy. 1. That diseases artificially produced cause immediately to cease, radically and permanently, those spontaneous diseases which are analogous to them in character. 2. That the homœopathic remedies have the property of inducing at the will of those who know how to employ them, artificial diseases of a very distinct and determinate character. 3. That remedies are efficacious, although attenuated to a degree which appears impossible (Hahnemann's own words) to vulgar physicians whose minds embrace only gross and material ideas. These propositions comprise the whole of the homœopathic doctrine—a doctrine which, like every other, however wild and ridiculous, is presented by its author as the general expression of results derived from experience.

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*Rupture of the Tendon of the Rectus Femoris.*—A case of this nature, called by some dislocation of the patella downwards, was lately successfully treated in England by Mr. Spong. The patient was placed in bed, in the sitting posture, with the right leg raised considerably higher than the left, and resting on a pillow. Leeches and evaporating lotions subdued the inflammatory symptoms. A bandage from the foot to above the knee was afterwards applied, with a slight compress on the patella. The position was strictly observed for nearly a month, when the union was complete. Three months after the accident, the patient could walk nearly as well as ever.

**Medical Miscellany.**—There are about two hundred and fifty medical students at the Transylvania University.—The smallpox is said to be rife at Covington, S. C.—Forty thousand peasants and pilgrims, it is supposed, have died of cholera, the past year, in the neighborhood of Mecca, hastened on by fatigue and want of water.—A proposition has been laid before the legislature of Georgia, to authorize an organization of the steam doctors.—A system of Simplified Anatomy has been published at Columbus, Ohio, by Dr. William Spillman, which is well recommended by the *author*.—J. A. Brown, B. P. advertises in Providence, R. I. that any persons who prefer having their *fevers* cured in from four to eight hours, may have the business done by the job, by the public's humble servant.—Dr. Mussey is lecturing at the Andover Institution, on the philosophy of health.—Mr. Graham is about commencing a course of lectures on the science of life, at Dedham, Mass. and also a second series on hygiene, at Phillips place, in this city.—A new tooth instrument has been announced, but it possesses no advantages, we should judge, over those already in use.—Dr. J. S. Bartlett, of this city, has become associate editor of the Boston Pilot, devoted to literature and the interests of Catholicism in America.—Dr. Strobell's private anatomical demonstrations at Columbia, S. C. have probably been very successful, as he is extremely well qualified for teaching the science.—The lectures at the Mass. Med. College will close in about four weeks.—The Cæsarean operation has recently been performed at Birmingham, Eng. and both mother and child were doing well.—Dr. Elliot, of New York, who is said to have acquired some reputation as an oculist, has become very expert in the manufacture of artificial eyes.—There is now in Boston, at the Bromfield House, Dr. Williams—called, par excellence, the celebrated English oculist—whom, by the way, we never heard of until he announced himself through the papers.

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Whole number of deaths in Boston for the week ending Jan. 1, 36. Males, 15—Females, 21.

Of apoplexy, 1—consumption, 4—childbed, 1—croup, 1—droopy, 1—droopy on the brain, 2—infantile, 5—intemperance, 1—inflammation of the lungs, 1—lung fever, 2—measles, 4—old age, 4—stoppage in the bowels, 1—spasms, 1—scarlet fever, 2—sudden, 1—teething, 1—worms, 1—unknown, 1.

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### ADVERTISEMENTS.

#### MEDICAL SCHOOL OF MAINE.

The Medical Lectures at Bowdoin College will commence on *Monday*, the 22d day of February, 1836.

Anatomy and Surgery, by JESIDIAN COBE, M.D.

Theory and Practice of Physic, by WILLIAM PERRY, M.D.

Obstetrics and Medical Jurisprudence, by JAMES McKEEN, M.D.

Chemistry and Materia Medica, by PARKER CLEVELAND, M.D.

The *Anatomical Cabinet* and the *Library* are annually increasing.

Every person, becoming a member of this Institution, is required *previously* to present satisfactory evidence that he possesses a good moral character.

The amount of fees for the Lectures is \$50. The Lectures continue three months.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September.

Brunswick, November, 1835.

N18—Steop

P. CLEVELAND, Secretary.

#### A STAND FOR A PHYSICIAN.

A PHYSICIAN in the State of Maine, in a pleasantly situated, small, flourishing village, about 25 miles from Portland, wishes to dispose of his stand. Being a very eligible stand, and affording abundant practice, it offers a good opportunity for a physician to establish himself. For further particulars, apply to the Editor of the Journal; if by mail, post-paid. Sept 23—3m

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THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. J. V. C. SMITH, M.D. Editor. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy, *gratis*.—Postage the same as for a newspaper.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XIII.]

WEDNESDAY, JANUARY 20, 1836.

[NO. 24.]

## PUERPERAL PERITONITIS.

[Communicated for the Boston Medical and Surgical Journal.]

THE prominent place in our current medical literature occupied by "Puerperal Peritonitis" has rendered the details of that disease sufficiently familiar to most physicians, even if they have been fortunate enough to escape a personal encounter with it. It is, however, *not* so generally known that a morbid affection, characterized by the same symptoms, and presenting the same pathological changes, is liable to occur entirely unconnected with child-bearing. Peritoneal inflammations, as they are described in the books, both acute and chronic, are, to be sure, not of infrequent occurrence. But the cases I am about to describe seem to differ not only in degree, but also in kind, from those commonly met with, and to resemble the severest cases of "epidemic puerperal fever."

On the 3d of March, 1831, I was called to visit a young woman in this village, who had previously enjoyed good health, with the exception of a slight eruptive complaint, for which she had taken, by my direction, some aperient and diuretic medicines, from which she had derived benefit. At the time of my visit (9, A. M.), she had vomited slightly, and complained of some rather indefinite feelings of distress at the stomach. There were no chills; the pulse, respiration, tongue, and countenance, were unaffected. There was no tenderness on pressure about the stomach or abdomen; the catamenial and alvine evacuations had been regular. I made some slight prescription, without being aware of the severity of the impending disease.

I was prevented from seeing her again till 2, P. M. when I visited her with my colleague, Dr. Parker, and when the marks of severe disease were very fully expressed. The peculiar alteration of the features, called by the French writers (Corvisart, Baudelocque, &c.) *face grippée*, was very striking. The extremities were becoming cold; the abdomen, excessively tender to the touch, was, at this early period of the disease, enormously distended. Pulse 140 in the minute and weak; respiration difficult. A small quantity of blood was abstracted: injections, fomentations, the warm bath, and a variety of other means, were tried without effect, and the patient died at 5 o'clock, the following morning, twenty hours from the first attack of disease.

*Sectio cadaveris*, eight hours after death.—In the head and thorax no preternatural appearance. The abdomen contained six quarts of serous or sero-purulent fluid, with abundance of the fibrinous flocculi which are found in the fatal cases of puerperal peritonitis. The surface of the

peritoneum was extensively covered with the same adhesive matter. It had the pale, opaque appearance characteristic of serous inflammation that has resulted in effusion. Tender and friable, it was lacerated when carelessly handled. Six or eight inches of the ileum were of a dark purple color, entirely mortified.

I should probably never have published any account of the above case, but for the recent occurrence of another of a character exceedingly similar.

Mrs. Reed, aged 22, had been married four weeks. Formerly subject to some dyspeptic complaints; latterly, health pretty good. Attacked at 9, P. M. Dec. 13, 1835, with violent pain in the right hypogastrium, which soon came to occupy the whole abdomen. Dr. Russ, of Pomfret, was called, who found her with a weak and very frequent pulse; pain in the abdomen violent, with strong tendency to syncope. No distinct rigor, but the temperature constantly, and during her whole sickness, below the natural standard. Occasionally some nausea and vomiting. Soon after the attack, the abdomen was observed to be tender on pressure, and at 9, of the following morning, was first found to be tumefied.

I saw this patient twenty-four hours after her first complaint, viz. at 9, P. M. Dec. 14. She was then moribund. No pulse at the wrist. Breath and extremities cold. Abdomen distended, and tense beyond anything I had ever witnessed. Dr. Russ had taken a small quantity of blood, eight or ten oz. which was cupped and sisy; but had been deterred by the feebleness of the reaction from making a more liberal sanguineous depletion. Injections and purgative medicines had failed of procuring alvine evacuations; nor had any of the means ordinarily employed in such cases been productive of even a temporary mitigation of the symptoms. At the time of my visit, gangrene had evidently supervened. The pain had ceased. A cadaverous fetor exhaled from the body. She died between 11 and 12 o'clock, twenty-six or seven hours from the first attack of disease. Permission was not obtained to open the body.

Both these cases seem to me to have exhibited a striking resemblance to the cases of puerperal fever which prevailed in the western part of this State in 1819-20. The phenomena presented by both these patients, while laboring under disease, and the pathological changes observed in the one subjected to post-mortem examination, seem almost to have established an identity of morbid action.

The modern writers on puerperal peritonitis lay much stress on a vitiated atmosphere as a cause of the disease. Thus we are told by Tenon, that in the old Hotel Dieu, on the banks of the Seine, one in 15 of the women delivered there perished of this disease. And this is attributed to the practice of crowding two or three puerperal patients into the same bed; of suffering the lochial and other discharges to accumulate around them; to the confined situation of the hospital, where ventilation was impossible; and still more to the lying-in wards being directly over those devoted to surgical cases, where the stench from ulcers, &c. was at all times intolerable.

We should think that this list presented a pretty formidable array of causes against the health and comfort, if not the lives of the poor inmates

of the Hotel Dieu. But we are told by M. A. C. Baudelocque, that in the *Maison d'Accouchment*, the more modern lying-in establishment, where most or all the above evils are obviated, the ratio of mortality from puerperal fever is not sensibly diminished. The disease has also at some periods raged in Vermont with all the severity, and as high a rate of mortality, as has been attributed to it by Wm. Hunter or any of the writers who have described it in its most aggravated form. And in the cases I have now described, we have a disease apparently identical with the worst cases of epidemic puerperal peritonitis, without even the ordinary accessory of recent delivery. Something besides vitiated air must then be sought for as a cause for the disease we have been considering. Its etiology is certainly involved in great obscurity, unless we conclude to be satisfied with the time-consecrated definition, that "*its causes are the causes of fevers in general, with some unknown cause determining the peritoneum and uterus and its appendages to be peculiarly the seat of the morbid action*" !!

A question of more importance, and, as I think, of easier solution, relates to the treatment of these cases of violent peritoneal inflammation. I will not trespass upon your patience, or that of your readers, farther than to offer my views upon the single remedy of bloodletting, so highly extolled by Armstrong, Hey, Gooch, and others, and as decidedly proscribed by Clark, White, and Burns. The latter writer makes a distinction, which is not now recognized by the profession, between peritoneal inflammation and puerperal fever; and advises bloodletting in the former, and tonics in the latter. The result of all my experience in the treatment of this disease, is, that *the lancet should be fearlessly employed at the commencement*. It will generally do no good after effusion has occurred; and tonics and stimulants will do no good at any time. Perhaps in many cases the attack is so severe, the affected organ so extensive and vitally important, and the tendency to effusion so great, that all curative measures will be found unavailing; and it probably often occurs that the symptoms are so equivocal at the commencement, that practitioners are deterred from making the necessary depletion till it is too late. Still the recoveries from puerperal fever which I have witnessed, and they have been pretty numerous, have all occurred under a vigorous antiphlogistic treatment.

The rules by which the use of the lancet should be governed, together with all that relates to the auxiliary measures of purging, emetics, revulsives, &c. &c. form no part of the original plan of this article.

Woodstock, Vt. Dec. 18, 1835.

DAVID PALMER.

#### MASSACHUSETTS CHARITABLE EYE AND EAR INFIRMARY.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—In presenting to the readers of the Journal the following summary of cases of Diseases of the Eye, which have applied for treatment during the last year at the Massachusetts Charitable Eye and Ear Infirmary, it may be considered as not amiss to preface it with some remarks tending to show the advantages and necessity of institutions devoted to the treat-

ment of ophthalmic diseases. This intention cannot be better fulfilled than by presenting some extracts from the introduction to a "Treatise on the Diseases of the Eye" by W. Lawrence, surgeon to St. Bartholomew's Hospital, and late surgeon to the London Ophthalmic Hospital. This work has been lately reprinted in this country, and commends itself, by its intrinsic merits, to the attention of the medical profession. Having observed that "the study of the diseases of the eye is therefore now justly regarded as an essential part of general medical education, more particularly to country practitioners, who are thrown entirely on their own resources," the author continues—"although the importance of the subject must be admitted, it has been doubted by some whether the ophthalmic branch ought to be separated from the rest of medicine and surgery, as it must be, to a certain extent, by devoting to it separate courses of lectures and treatises, and by instituting ophthalmic hospitals." To show how mistaken and unfounded are these doubts, he cites the commonly acknowledged fact, that general hospitals are inadequate to afford sufficient instruction in this branch. "The diseases of the eye in general hospitals, are inadequate, from the smallness of their number, to the purposes of practical study, particularly that of exemplifying the various operations. Thus these institutions have been inefficient in reference to this important department. As the general body of surgeons did not understand diseases of the eye, the public naturally resorted to oculists, who, seeing such cases in greater numbers, became better acquainted with the symptoms, diagnosis, and treatment; and especially more skilful in the operative department."

In tracing the downward progress of ophthalmic surgery into the hands of the professed oculist, and the causes which led to that result, Mr. Lawrence goes on to observe—"at the same time, the subject being imperfectly understood, was neglected in the general surgical courses, in which many important affections were entirely unnoticed, and the whole very inadequately explained. Thus, students who resorted to London for the completion of their professional studies, had really no means of learning this important department of the profession, which was tacitly abandoned even by the hospital surgeons, and turned over to the oculists. The latter not being conversant with the principles derived from anatomy, physiology and general pathology, attended merely to the organ; and relied almost exclusively on what is comparatively of little importance, local treatment. Hence ophthalmic surgery being in a manner dismembered from the general science, was reduced to a very low ebb. Until within a few years, it was, in this country, at least, in a state of almost total darkness."

"It thus becomes desirable to establish an express and distinct school for ophthalmic surgery; not because the principles of treatment differ from those applicable to disease in general, nor because any peculiar mode of study is required, but in order to supply a deficiency in the existing sources of professional instruction, and to provide for the diseases of this important organ of vision, those means of information which the general hospitals neither do nor could provide, consistently with the requisite attention to their other important objects. This proceeding, which at first view seems calculated to complete and perpetuate the

separation, was the only rational mode of re-uniting ophthalmic practice to general surgery."

The establishment of institutions for the exclusive treatment of diseases of the eye and ear, is of comparatively recent origin. In Great Britain, this plan was originally proposed by Saunders in 1804, and the Institution was opened for the reception of patients the following year, under the name of the London Dispensary for curing Diseases of the Eye and Ear. It was afterwards called the London Infirmary for curing Diseases of the Eye, to which class of diseases it was found expedient to limit it. It was in a report to a committee of this charity, that this talented surgeon first announced the practicability of operating upon congenital cataract in earliest infancy.\* The Westminster Ophthalmic Hospital, under royal patronage, was nearly cotemporary in origin with the London Infirmary; and not many years afterwards an Infirmary was established at Exeter, on the model of the latter. Since then, similar institutions have appeared in many of the principal cities of Great Britain, and in some parts of the Continent. They have been received with marks of general favor and encouragement; and in Great Britain, at least, have become identified with the system of public charity for the relief of suffering humanity. The oldest institution of the kind in this country, is the New York Eye Infirmary, which owes its birth to the spirit of medical foresight and enterprise communicated to kindred minds, by such men as Travers and Farr, who succeeded Saunders at the London Infirmary.

The Institution in this city claims a kindred origin, and one not far removed in point of time from that in New York. From these two institutions, others have sprung up in different parts of our country. Cincinnati may boast of having within her boundaries two charities devoted to ophthalmic diseases. And as the attention of the medical profession becomes more and more steadily directed to this interesting and important branch of the healing art, it may be reasonably predicted that ophthalmic institutions will increase and multiply, and extend their beneficial influences in arresting disease and restoring vision.

Boston, January, 1836.

E. J. D.

Whole number of applicants from Oct. 26, 1834, to Oct.

28, 1835 - - - - -	708
Patients affected with diseases of the eye - - -	582
Patients affected with diseases of the ear - - -	126
—	708

The Diseases of the Eye were as follows :

Amaurosis - - -	29	Conjunctiva, tumor of - - -	3
Amblyopic weakness of sight	3	Inflammation of, acute, with	82
Cataract, single, or in one eye	11	purulent discharge, in-	
Double, or in each eye -	6	cluding catarrhal ophthal-	
Crystalline lens, dislocation of	2	mia; purulent ophthalmia	
Conjunctiva, foreign substance in	2	of adults and purulent	}
Ecchymosis of - - -	2	ophthalmia of infants	
Irritable state of - - -	2		

\* He reported a case of an infant of two months old, in whom he had performed the operation for curing congenital cataract, and who was then convalescent.

Conjunctiva, inflammation of,		Iritis (primary or rheumatic)	4
chronic, with purulent discharge	2	Iritis, syphilitic - - -	3
Cornea, foreign substance in	3	Lippitudo, acute - - -	37
Inflammation of (corneitis)	7	Chronic - - -	5
Pustule of - - -	2	Lachrymal sac, abscess of -	3
Opacity of - - -	21	Passage, obstruction of -	15
Ulcer of - - -	26	Ophthalmia, acute - - -	77
Rupture of - - -	1	Chronic - - -	60
Ectropium - - -	3	Erysipelatous - - -	2
Entropium - - -	6	Pustular - - -	22
Eyeball, congenital oscillation of	1	Rheumatic - - -	1
Suppuration or abscess of	1	Sirumous - - -	18
Wound of - - -	3	Nyctalopia - - -	1
Eyelid, cancer of - - -	2	Presbyopia - - -	1
Encysted tumors of - - -	12	Pterygium - - -	2
Edema of - - -	1	Ptosis - - -	1
Wound of - - -	2	Pupil, closure of - - -	4
Fistula lachrymalis - - -	2	Retina, morbid sensibility of	25
Glaucoma - - -	2	Staphyloma - - -	1
Granulated lids - - -	10	Strabismus - - -	2
Hypopium - - -	2	Tinea ciliaris - - -	32
Hordeolum - - -	6		
Iris, laceration of - - -	1		582

Of which number 442 recovered.

23 were relieved.

19 declined operation.

27 result not known.

27 were considered incurable.

3 removed from the care of the Infirmary.

2 not cured, and

39 remain under treatment.

582

Diseases of the Ear were as follows, viz. :

Abscess of the meatus auditorius externus	- - -	2
Deafness from disease of some part of the nervous apparatus	- - -	10
From inspissated cerumen	- - -	20
From enlarged tonsils	- - -	5
From morbid dryness of the meatus auditorius	- - -	12
Deaf and dumb, the result of scarlatina	- - -	1
Fungous excrescence of the meatus	- - -	2
Polypus of the meatus	- - -	1
Foreign substance impacted in the meatus	- - -	1
Otitis	- - -	28
Otorrhœa	- - -	42
Rupture of the tympanum	- - -	1
Tumor of the external ear	- - -	1
Diseases of the Ear	- - -	126
Diseases of the Eye	- - -	582
Total	- - -	708

## DR. BELL'S PRIZE DISSERTATION AND MR. GRAHAM'S STRICTURES.

[Communicated for the Boston Medical and Surgical Journal.]

MR. EDITOR,—I have read with great satisfaction Dr. Bell's Prize Essay. I don't know where can be found, in the same space, so much judicious remark and sound reasoning, on the topics of which it treats. Dr. B. is evidently a man of talent and learning, and accustomed to philosophical investigation. He does not suffer himself to be led astray, like thousands who have preceded him, by a love of novelty or paradox; neither do his prejudices and prepossessions seem to be such as to blind his perceptions or warp his judgment. As far as I can judge from this single effort, he is a clear-sighted and clear-headed man, thoroughly acquainted with the principles of his profession, and withal as liberal and as respectful towards his opponents as any fair-minded man ought to ask, and more so than should have been expected. There are some opinions in the world which ought not to be treated with too much gravity and deference, lest they thereby acquire a degree of importance which they are not entitled to. Some species of error and extravagance are sooner laughed than reasoned out of existence. I have known many a man cured of his day-dreams by well-directed ridicule. The truth is, when a man's head is turned by the force of his imagination, and he stands trembling on the very verge of monomania, he will sometimes feel and acknowledge the power of wit, when his ear is deaf to every other species of logic. At any rate, the lash of ridicule, judiciously applied, may prevent others from becoming the dupes of imposture. To attempt gravely to reason with some of our modern visionaries, often, has no other effect than to administer to their pride and vanity, while the world is led to believe there may be something in opinions which call forth so much formal argument. The fortune of many an insignificant castle-builder, dying for notoriety, has been made by too serious and systematic opposition.

Now, for these reasons, I was at first inclined to believe that Dr. Bell had occupied too much of his time in *arguing* the question relative to what is, without much meaning, called man's *natural* food. This is one of those questions which I have been in the habit of considering as nearly settled as any question of the kind possibly can be by reasoning. It has been argued and re-argued, and argued again, as Dr. Bell correctly remarks, and I feared that to go over the ground again might be to acknowledge that the truth was not yet known. This was my first impression, though subsequent reflection has convinced me that I was in error. I, on the whole, rejoice that Dr. Bell has entered so fully into the argument, and that he has managed it in so able and satisfactory a manner. I have no expectations that many of those who think that man ought to live exclusively on vegetable food, especially those who have publicly committed themselves on the question, will be convinced by his logic; but there is a reasonable hope that it may operate as a dissuasive to others who might adopt their extravagancies.

The charge which Mr. Graham prefers against Dr. Bell of enlisting too liberally into his service sneer and sarcasm, seems to me without foundation. He is certainly always gentlemanly, which cannot be said of Mr. Graham. There is more that is severe and disrespectful, ten

times over, in the ten pages occupied by the communications of the latter, than in the entire dissertation of the former.

I am sorry that Mr. Graham has not thought it worthy of himself to attempt to meet Dr. Bell's arguments, instead of spending his breath in declamation and empty bravado. Instead of writing ten pages of mere rhapsody, if he had devoted the same time to the refutation of Dr. Bell's reasoning, nobody can tell what wonders he might have accomplished (if his own account of his capabilities are to be received). Hear his own account of what he *might* have done (by argument and *wit*) had he felt disposed "to enter into a critical examination of Dr. Bell's performance." "Were I disposed to follow his own lead, and to use his own weapons, it would require no great skill nor power to annoy him exceedingly; and if I should not be able to give him any deep wounds, *I might, with great ease, at least, excoriate him from head to foot, and leave him smarting more cruelly than he would from a more fatal thrust.*" Now this idea of flaying a man alive "from head to foot" must be exceedingly shocking to the feelings of Dr. Bell, and is quite too barbarous ever to have been entertained by so famous a philanthropist as the "Public Lecturer on the Science of Human Life." But what does Mr. Graham mean by such wretchedrodomontade as this? Does he not know that such sort of stuff, on his part, is mere swaggering, and will be taken for no more than it is worth by the public?

But let us hear the "Public Lecturer" again, in reference to his own amazing powers and discoveries—the subject on which he most delights to expatiate. Alluding to the following very just remark of Dr. Bell, "The view of the relations between body and mind, their varied connections with, and re-actions upon each other, presents a field of research extended, and promising the richest and most interesting results to the philosophical inquirer,—a field, as yet, little explored," Mr. Graham exclaims—"a field, as yet, little explored," says Dr. Bell. This is the Doctor's mistake. *It has been fully and faithfully explored in all its length and breadth. I hope it will not be considered vaunting if I say that I have mainly devoted more than twenty years of my life, most assiduously, to researches of this kind; AND I DO NOT BELIEVE THERE IS A NOOK OR CORNER OF THE FIELD, OF WHICH THE DOCTOR SPEAKS, WHICH I HAVE NOT ACCURATELY SURVEYED.*" Now in this declaration, Mr. G. asserts either a truth or a falsehood. If what he says is true—if the thing has been done which he declares has been, and that, too, by *Mr. Sylvester Graham*, I hereby declare that *MR. SYLVESTER GRAHAM, Public Lecturer, &c.* is, out of all proportion, the greatest man that ever lived. In length and breadth, and all his dimensions, he is infinitely greater, even, than all the other great men united which the world ever saw. This I declare, and this I hold myself prepared to prove, whenever Mr. G. shall show me that he has really accomplished the prodigious things in question. On the contrary, if Mr. G. has asserted what is *not* true, and if he has *not* explored "in all its length and breadth" the field in question, as I verily believe he has not, I know not how to characterize his reckless effrontery, to say nothing of his veracity.

I cannot help quoting, for the reader's re-perusal, one more specimen of Mr. Graham's matchless assurance. "If I shall be permitted to



present to Dr. Bell and others the results of my labors, *in print*, as I hope to, ere long, they will find that, instead of 'Utopian dreaming,' or wasting my time in exploring Cyclopædias and musty libraries, to learn what others have thought and said, *I have been laboriously engaged in severe scientific researches and ORIGINAL INVESTIGATIONS*; and that instead of basing my opinions on the experience of 'a few dyspeptics,' I have founded them on rigidly ascertained scientific principles. I say not these things boastingly, but in frankness, *to show medical gentlemen that I am neither a fanciful speculator nor 'Utopian dreamer.'*"

Mr. Editor, I have no personal acquaintance either with Dr. Bell or Mr. Graham, and I am unconscious of being influenced by unworthy motives in what I may say of either. The latter I have frequently heard of through the public prints, and I have some knowledge of his character and history from such as have known him well. I have supposed him to be a fluent and sometimes eloquent lecturer, superficial but deep enough for a popular audience, possessed of considerable knowledge and more address, and still more of a common ingredient of character vulgarly called *brass*. I have supposed him to be an enthusiast much given to castle-building and vision-seeing, and therefore unsafe to be trusted; but I have had little doubt that he was mainly honest in his purposes, and withal, the author of some good to the community, in his way. He has contributed, I doubt not, to make some physiological principles of great importance familiar to the public mind, which of itself is no slight praise. He has not talents enough, if I mistake not, to become the head of any considerable sect—his chief ambition, perhaps. Some of his notions upon diet I have always considered as visionary, and often extremely detrimental, when received and reduced to practice. Some of the most inveterate dyspeptics I have ever known have been such as have been the meek followers of Mr. Graham's rules of living. But notwithstanding the injury which Mr. G. has unquestionably done by the errors which he has propagated, I am half inclined to think that he has done more good than hurt in the world, after all. Whatever praise is his due, I most cheerfully give him; and if he ever sees fit to honor the world with his lectures *in print*, I will be among the foremost to spread his fame throughout the land, *provided* they contain those "severe scientific researches and original investigations" which are promised. But whatever Mr. G.'s merits may be as a lecturer, or *will be* as an author, I am persuaded he is entirely out of his element in a medical Journal. This I can most confidently assure him, provided his late communications to this Journal, including the "Extracts from an Introductory Lecture," be fair specimens of his attainments in "*the science of human life*"—"the physiological and psychological" relations of man. I hope Mr. G. will not attribute to my professional prejudices and jealousy my inability to discover in him that degree of merit which he is disposed to arrogate to himself, and which his friends claim for him. I cannot, for the life of me, see anything *prodigious* in the man, except *prodigious effrontery*, and I don't believe I am blinded by jealousy. However, the world, not I, must be judge. If I know my own feelings, I would as soon accept the labors of Mr. G., as far as they contribute to advance the cause of

physiological science, as those of any other man ; but I cannot accept the fruits of fancy for the product of intellect. When Mr. G. sees fit to dream, he must not get out of patience because others do not dream too. Fretting will do no good, and a medical Journal is no place to make converts by blustering.

BETA.

*Connecticut, January, 1836.*

## HÆMATURIA, OR BLOODY URINE, FROM THE RUPTURE OF A VEIN OF THE PROSTATE.

TRANSLATED FROM THE REVUE MEDICALE BY B. E. APPLETON, JR. BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

THE following fact, and the reflections which accompany it, seem to throw some light upon the diagnosis of Hæmaturia, a disorder, the cause of which is often involved in much obscurity. A young man from 28 to 30 years of age, of a venous system developed in consequence of some venereal excesses, passed bloody urine. Mild treatment and diluted drinks effected no change in his condition. M. Lacroix having been consulted, gives the following particulars ; the patient passes water without pain ; he does not experience any weight in the loins or hypogastric region ; the liquid which he passes is pure blood, dark, and escapes drop by drop under the following circumstances. When he passes water, in an upright or supine position, at evening, morning, or in the course of the day, he discharges a liquid exactly like the urine which he evacuates in a perfect state of health. While in the chair the urine still continues natural, previous to the passage of fecal matter ; but during the efforts which are made in the act of defæcation, he passes drops of blood, and this has happened at every alvine discharge for eight days. This last circumstance is best fitted to aid the diagnosis ; for, if any known sign had raised a suspicion that the kidney or bladder was the seat of this hæmaturia, the nature of the urine, which passes always pure, is a sufficient proof that neither the secretory organ nor the receptacle were affected. The inference then is, that the source of the blood is in the excretory canal, and in that part which is nearest to the rectum, since it is in the act of defæcation that these hemorrhages occur.

Now, we shall be asked, perhaps, how the canal of the urethra can pass alternately urine and blood. This is easily to be conceived of, by the application of the knowledge which we have respecting the phenomena of venous circulation ; and it is this very succession in the alternate ejection of blood and urine, which proves satisfactorily that the disorder is owing to the rupture of a vein ; for, if you suppose an inflammation accompanied with hemorrhage of the prostate, the liquid would be constantly discharging, and would be mixed with the urine.

In the case of a ruptured vein, we may again be asked how it happens that the blood does not pass with the urine in its course through the urethra ; for the same reason that in venesection, it is not sufficient that the vein should merely be opened—it is further necessary that an obstacle, like a ligature, should oppose the return of the blood. Now, in the

efforts of defæcation, the contractions of the parietes of the abdomen have an action sufficient to cause the flow of blood, by the obstacle which they oppose to its return in the veins of the prostate.

This hemorrhage is owing simply to the rupture of a vein, without the necessity of supposing the prostate varicose ; for nothing indicates that this organ is the seat of any such affection. In examining his past history, we find that the patient has never been subject to that retention of urine so common in an enlarged state of the veins of the prostate. Besides, on a careful examination of the prostate, we find that it is not larger than usual, and that it gives no sensation of pain upon pressure, or in the rectum in defæcation. The age of the patient, too, prevents the supposition of a varicose prostate ; for as it is an affection common in advanced age, it is very rare in young persons. A single indication was offered, and this was to remove the obstacle which operated periodically to destroy the clot of blood (caillot) which was formed for the cicatrization of the vein, by preventing the patient from making these efforts for some days. For this purpose relaxing drinks were given, and washes applied twice or thrice a day. On the fourth day the patient was entirely cured.

#### VITALITY OF THE BLOOD.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—The following extract from one of my lectures on the Science of Human Life, is furnished to you for publication in your Journal, not because I wish to make a display of my own ingenuity, but because I desire most respectfully to present the views contained in the latter part of this extract, to the attention of physiologists and physicians, as extensively as possible, and to ask them to give as much consideration to my notions, and especially those concerning the coloring matter of the blood, as they deem them worthy of. For it seems to me very certain that if these notions are not perfectly futile and visionary, they are of very great importance ; and I am not confident in my own mind which of these propositions is true. It may not be improper to observe in this place, however, that I have been permitted to read this extract to one of the ablest and most learned professors of physiology in our country, and he has declared that he considers the views contained in it, as worthy of very serious and careful examination.

Yours respectfully,

*Boston, January 9, 1836.*

S. GRAHAM.

The blood, like the chyle and other substances of the body, has repeatedly been analyzed by the chemist, and we have been told the precise quantities of the muriate of soda and potash—of phosphate of lime—iron—sulphur, &c. contained in it ;—but without the least advantage to physiology, therapeutics, or dietetics. On no one of these points, has the chemical analysis of the blood thrown the least ray of light ; for it is not with a fluid composed on the principles of inorganic chemistry, of certain chemical elements, that the physiologist or the physician has to

do ; but with a *living fluid*, elaborated by vital processes, and subject to the laws and conditions of vitality. The blood is most indubitably a living fluid, and its vitality is susceptible of very considerable increase and diminution—and the extremes in both directions lead to death. There is a point above which the vitality of the blood cannot rise without disease which leads to speedy dissolution ; and there is a point below which it cannot sink without inevitable destruction.

That the blood has vitality in itself, has repeatedly been, and may easily be proved by conclusive experiments : still, however, its intrinsic vitality cannot long be sustained out of the living vessel to which it belongs. Taken from the living vase, the blood loses its vitality in a few minutes ; but if a quantity of blood be confined to a portion of a living and healthy artery, its vitality will be preserved as long as the healthy vitality of the artery remains. The preservation of the vitality of the blood, therefore, depends on the living vessels in which it flows, or rather on the nerves of organic life, which preside over the functions of those vessels ; and the degree of vitality in the blood, varies with the general condition of those nerves ; and the general condition of those nerves depends very much on the character and condition of the blood.

If the quantity of the blood in the system be excessive, there is a tendency to special or general congestion, inflammation, and death. On the other hand, if the quantity of blood be too far reduced, the functional energy of the nervous system is diminished, the conservative power of the bloodvessels is impaired, and the intrinsic vitality of the blood is commensurately lessened. Hence if a healthy, robust man be copiously bled, and then several smaller portions of blood be taken from him at short intervals, each successive portion will lose its vitality sooner than the preceding one.

The specific gravity of the blood, is little more than that of water. It has been affirmed, however, “ that the more perfect the organization of the blood, or the higher the degree of vitality it possesses, the greater appears to be its specific gravity.”

By some physiologists, the blood is considered a homogeneous fluid ; while others assert that it is a complicated compound of all the substances which compose the various solids and fluids of the living body—the substances of the bones, cartilages, ligaments, tendons, membranes, muscles, nerves, bile, salivary, gastric, pancreatic, and other fluids, &c. &c.—ready formed, and all mixed up together, in the blood, like the materials of the world in the fabled chaos :—and all that is further necessary for the arrangement of these materials, into the several structures and organs of the body, is, to have the blood pass through certain strainers, which are so constructed and situated, as to separate out and retain each material in its proper place. But this is obviously an expedient to cover human ignorance with the guise of science—a purely hypothetical attempt to explain the operations and results of the vital economy upon chemical and mechanical principles.

Whilst the blood is healthfully flowing in its living vessels, it is impossible for us to investigate its properties ; and it is equally impossible for us to know how soon our meddling with it, may effect essential changes in its character. The farthest, therefore, that our knowledge of the

living blood extends, is that, when first taken from the living and healthy vessels and examined under a microscope, it is found to be composed of a fluid containing innumerable, minute globules, which are surrounded by a kind of pellicle of coloring matter. A substance called fibrin is also said to be contained in the blood :—but there is reason to believe that the fibrin is nothing more than an arrangement of the globules just named, divested of their coloring matter, and that the fibrin, as such, is not to be found in the actively circulating blood.

When taken from the living vase and permitted to stand a short time, the blood coagulates, or a portion of it gathers into a thick clot, called the crassamentum—and the remaining portion is a thin, transparent fluid of a greenish and yellowish appearance and saltish taste, and is called serum. By washing the clot or coagulum freely in water, its coloring matter is removed, and it becomes white, and has a fibrous appearance. When putrefaction commences in the blood taken from the living body, “it attacks rather the coagulum than the serous portion,” and this is true also of the chyle.

This is as far as the *physiologist* can push his analysis of the blood :—and *this*, taken in connection with several important facts and phenomena which constantly take place in the living system, justifies the conclusion that the blood is not a homogeneous fluid, but naturally consists of innumerable globules or corpuscles of animalized matter, held in a fluid state by an aqueous menstruum or diluent ; and that *the vitality of the blood wholly resides in the globules.*

It was stated in a former lecture, that water appears to pass from the stomach into the circulation with very little if any change ; and it is a well known fact, that all the absorbent vessels of the body pour their contents of every kind—whether assimilated or not—whether salutary or deleterious, into the veins. It is also well known that large quantities of water, holding saline substances in solution, may be injected directly into the veins of living animals without destroying life. Castor oil, and many other medicinal substances, may likewise be introduced in the same manner : and alcohol and other poisonous substances pass unchanged from the stomach into the circulation in large quantities. Indeed, alcohol is often present in the blood in so large a quantity and so concentrated a form, as not only to be readily detected by the senses of smell and taste, but also to burn freely with a blue flame, when touched by a candle or any other burning substance.

When death is caused by lightning, it is well known that the blood remains in a fluid state incapable of coagulating ;—and in several forms of malignant, putrid fever, the corpuscles of the blood are broken down and lose the power of coagulating : and in some instances there are manifest evidences that putrefaction has commenced in the globules of the blood before the life of the body is extinct.

All these facts seem to prove conclusively that the blood cannot be a homogeneous fluid ; and that the serum of the blood cannot possess any degree of vitality : and they leave little reason to doubt that what is called the coloring matter which surrounds the vitalized globules, is intended to shield them from the pernicious properties or influences of such foreign matters as may find their way into the circulation and become mixed with

*the serum of the blood.* While the animalized corpuscles remain in the lacteals and other vessels, where, in the normal state of the system, only assimilated fluids are permitted to enter, they are not invested with those pelicles or coverings which became red in the lungs, and when they finally enter into the arrangements of organized structure, they are again divested of those tunics; and hence it appears that they are only thus covered while travelling in the common highway of the circulation, where they are continually exposed to the contact and influence of foreign and unassimilated substances.

It is probably from the serous portion of the blood, mainly, if not exclusively, that the excrementitious secretions and exhalations are made; and the impurities which sometimes accumulate in the blood from special or general derangement of function, are probably contained wholly in this menstruum: and it is possible that they exert their deleterious influence first on the nervous tissue of the bloodvessels, and through them on the nerves of organic life generally, producing irritation and morbid affection which involves the bloodvessels, and by them is communicated to the living corpuscles of the blood, and thus producing a general fever, which is modified in its type and symptoms, by various circumstances. Hence the intense thirst which usually attends a fever, and which may be an instinctive demand for water to displace the offensive serum, and allay the preternatural heat and action;—and hence, also, the interesting fact, that pure soft water freely administered, at a proper time, is decidedly the most efficient febrifuge in nature. The most violent fevers have been subdued by it with astonishing rapidity, when the ordinary means of medical practice have proved utterly ineffectual.

• It is frankly admitted, however, that this is mere speculation: but it seems to be corroborated by all known facts relating to the subject. It is not, however, by any means, suggested as a universal theory of fever, but merely as one of the means by which fever is induced.

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## BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, JANUARY 20, 1836.

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### MASSACHUSETTS EYE AND EAR INFIRMARY.

THE reader will find in the Journal, to-day, some general statistical observations on the origin and necessity of ophthalmic hospitals, to which are annexed the returns of the cases of diseases of the eye and ear, which have been presented for treatment, the year past, at the Massachusetts Charitable Eye and Ear Infirmary. This institution has now been in active operation more than ten years—and during that time, nearly eight thousand patients, afflicted with diseases of those important organs of sense on which so much of human happiness and intelligence depends, applied for relief. A very large proportion of the whole number were affected with complaints of that sensitive, delicately-constructed instrument of perception, the eye. In many instances, had the disease been left to itself, or treated by the innumerable nostrums which the ignorant and vulgar too frequently have recourse to in the commencement of oph-

thalmic affections, total and irretrievable blindness would have certainly followed. It should be remarked that the benefits of this noble institution are by no means confined to the immediate vicinage of Boston. Applicants from various sections of the commonwealth are annually swelling the catalogue of patients; and not unfrequently persons from other States, also, seek advice here. Some adequate idea may be formed, from this statement of facts, of the high character enjoyed by the Infirmary beyond the immediate environs of the city.

The results of the medical and surgical treatment, therefore, justly entitle this excellent charity to the favor and warm-hearted encouragement of the whole community, to which it looks with an earnest and confident belief that its restricted means will ere long be enlarged, and rendered adequate to the increasing demands made upon its gratuitous services. The medical gentlemen who founded, and who have perseveringly conducted its operations from infancy, till it has grown into notoriety and unquestionable utility, have bestowed not only their regular personal services from the beginning, but they have moreover manifested a zeal and faithfulness which entitle them to the sustaining power of those who possess the means of rendering assistance without essentially diminishing their own superabundance. It cannot be possible that the appeal of the institution for pecuniary aid can be much longer neglected. Shall the necessary means for extending and diffusing the inestimable benefits of sight and hearing be denied the unfortunate? Can the ills of honest poverty be thus neglected—nay, aggravated—by withholding the balm which is in Gilead? The spirit of philanthropy, and a rational regard to that principle of political economy which contemplates the comfort, at least, of the poor—and particularly the diseased poor—demand an energetic movement in behalf of this Infirmary.

From the first of our acquaintance with the original designs of the founders, we have urged its claims. And we have been no less urgent in recommending to medical pupils the great good that might accrue to them, and those who might in after life consult them, by a systematic course of instruction in ophthalmic surgery, under the guidance of the medical officers of this institution. There must be a hospital erected—and the sooner it is done, the happier will it be for those who are compelled by misfortune to become its beneficiaries.

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*Iodine in Diabetes.*—A correspondent of a foreign Journal strongly recommends this article in diabetes. Ioduret of iron and of potassa, and the tincture, may each be resorted to with considerable hope of relief. Knowing, as we do, the utter hopelessness of all the ordinary medicinal agents prescribed, in this country, for the complaint, we think the iodine should not be forgotten. This and creosote are certainly worthy a trial.

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*Medical Miscellany.*—Professor Tiedemann, the celebrated anatomist, has lately made a visit to London, where he was all the toast with the schools and hospitals. Mr. Lawrence, the artist, took his picture, which having been lithographed, makes a fine display in the shop windows. The expression is intellectual.—The Censors of the First Medical District of Massachusetts (Suffolk) will be in session on Wednesday, Jan. 27th, in this city, for granting licenses. Applications to be made to Dr. Edward Reynolds, Boston.—Dr. Bartlett, of Lowell, gave an excellent lecture before the Boston Lyceum, on the 14th inst. He is a fine writer.

**TO CORRESPONDENTS, &c.**—Several communications are on file for insertion next week.—We acknowledge the receipt of Dr. C. G. Putnam's Translation of M. Louis's Researches on Bloodletting, and Parts VIII. and IX. of Dr. Hays's Library of the Medical Sciences—both too late to be examined this week.

**Erratum.**—On page 361, line 4 of Dr. Workman's Reply, for "medical police consultations," read "medical police in consultations."

**DIED.**—In New York, Dr. Peter McGiving, 47; Dr. Frederick Girard.—In Manchester, Eng. Mr. Wharton, Surgeon of the Royal Infirmary.

Whole number of deaths in Boston for the week ending Jan. 15, 36. Males, 19—Females, 17.

Of measles, 3—Inflammation of the bowels, 1—Infantile, 5—lung fever, 5—dyspepsy, 4—croup, 1—consumption, 5—Inflammation of the lungs, 1—cancer, 1—insane, 1—typhoid fever, 2—delirium tremens, 1—dyspepsy on the brain, 1—intemperance, 1—debility, 1—apoplexy, 1.

### MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry, by **DR. CHANNING.**  
On Physiology, Pathology, Therapeutics, and Materia Medica, " **DR. WARE.**  
On the Principles and Practice of Surgery " **DR. OTIS.**  
On Anatomy " **DR. LEWIS.**

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel without any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are \$100—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

WALTER CHANNING,  
JOHN WARE,  
GEORGE W. OTIS, JR.  
WINSLOW LEWIS, JR.

Jan 20—Iyp

### SCHOOL OF MEDICINE, AT WOODSTOCK, VERMONT,

CONNECTED WITH MIDDLEBURY COLLEGE.

(Incorporated by the Legislature of Vermont, October, 1835, with the power of conferring Degrees.)

THE Annual Course of Lectures, at this Institution, will commence on the second Thursday (10th day) of March next, and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by H. H. CHILDS, M.D.

Physiology and Surgery, by WILLARD PARKER, M.D.

Chemistry and Materia Medica, by DAVID FALLEN, M.D.

Anatomy, by ROBERT WATTS, JR. M.D.

Medical Jurisprudence, by NORMAN WILLIAMS, A.M.

Demonstrations in Anatomy, by OTIS FREMAN.

The usual number of Lectures will be *free*, daily—besides the Demonstrations in Anatomy and occasional evening examinations. Considerable additions are now making to the Chemical Apparatus; and opportunities will be furnished to students for *practical Anatomy*, arrangements for that purpose having been made last year in the city of New York. *30¢ No subject for dissection will be received from any person, or on any terms.*

FEES for the course—\$45. Graduation—\$18. For those who have attended two courses, but do not graduate—\$10. All the above expenses to be paid in advance, or secured by note, with a satisfactory endorser, to DAVID PIRACE, Esq. Treasurer of the Institution. Board is usually furnished at from \$1.50 to \$2.00 per week, including room, wood, lights, and washing.

Students are requested to come provided with two or more standard works on each of the above designated branches of study. The term will commence with Lectures on Anatomy, Chemistry, Physiology, Surgery and Materia Medica. Degrees will be conferred at the close of the Lecture Term.

Examinations will be conducted by the Medical Faculty, in presence of a delegation from the College, and a Committee appointed by the Justices of the Supreme Court, pursuant to the provisions of the act of incorporation. Requisites to an examination are, that the student produce satisfactory testimonials of moral character, and of his having studied three years with a regular practitioner; that he shall have attended two courses of public Lectures, one of which must have been at this institution; and that he shall have attained the age of 21 years.

By

By order of the Board of Trustees,  
E. HUTCHINSON, Secretary.

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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[NO. 25.]

## MR. SKEY'S LECTURE ON THE PRINCIPLES OF TREATING DISEASE.

[Concluded from page 337.]

HAVING considered the principles of practice which are so immediately founded on a knowledge of the principles of life, I come to the subject of *treatment*, or the application of remedies. Now without dilating on their various classes, whether medical or manipulative—whether direct or indirect—whether local or general, I conceive that next to the knowledge of their mode of application, the most important rule I can insist on, with certain limitations, is *the necessity of their being restricted to a degree of activity inferior to that of the disease they are intended to control*. This I believe to be an important principle of treatment, which I can best illustrate by example. A man rises in a morning after healthy sleep, his intellect clear and vigorous, with the circulation in his brain light and free, *because* during sleep his brain has been subject to a fuller access of blood, by which his mental faculties have been temporarily superseded.

The return of the circulation to a part of the body that has been exposed to excessive cold, is succeeded by a degree of heat above the surrounding temperature, and productive of a tingling pain. On the same principle we are told that a warm bath is the best protection against the intensity of summer heat. These I may call phenomena of health. The same holds with regard to disease. Headache and throbbing are frequent consequences on fainting, in which the brain sustains a temporary loss of its circulation, and this, whether from loss of blood, or from a shock to the nervous system, producing the same result.

If you arrest any unhealthy secretion by a too powerful stimulant, the secretion returns in quantity proportionate to the activity of the means employed.

The means usually resorted to in the acute stage of gonorrhœa to suspend the discharge, most frequently increase the disease.

If you employ moderate pressure on the surface of healthy granulations, you increase their energy and promote their growth. Small doses of aperient medicines, taken at certain intervals, will tend to constipate the bowels. In like manner stimulants, whether medical or moral, are succeeded by depression proportionate to the activity of the means employed.

All this is explained on *the principles of re-action*,—a principle so important and so universal as to influence our treatment of almost every disease.

For the purpose of maintaining growth, and of affording nutrition to every part of the body, of invigorating it by adding new materials to its

structure, and of removing those which are superfluous or old, and consequently useless, nature has established the circulation of the blood. But for the purpose of controlling its irregularities, she has placed it under the superintendence of what is termed the nervous system, connected immediately with the brain or spinal marrow. These two agents, then, concur in the production of almost every description of disease. We cannot except from this law even the diseases of the circulation itself, which owe their origin to a defective state of the nervous system. How far we may give to the nervous system an independent authority in the production of what are termed neuralgic pains, I shall not now stop to inquire; there exists a difference of opinion on this subject; but we must consider those two phenomena as intimately, and almost indissolubly, connected in the performance of the various functions of life; if the circulating system be in immediate dependence on the nervous, in accomplishing the design of its creation, in no less a degree is the nervous tributary to that of the circulation, for its force and energy.

The term "irritation" expresses a local disturbance of the nervous system, which is generally followed by a corresponding derangement in the circulating system, and inflammation is the result. If the irritation subside, the vessels resume their natural condition. Now I may define *re-action* to be the rebound of the nervous system after the application of any means that have tended to excite or depress it.

Let us imagine that nature has provided this system with great dormant power, beyond the necessities of the daily functions of life, which is only called into action on great emergencies, and we shall see why this rebound exceeds considerably in degree the condition in which it was first found.

What is the explanation then of the various phenomena I have alluded to? Exposure to the cold produces contraction of the vessels, by depressing their nervous system; the cause being removed, the vessels do not return to their former condition of healthy action, but are stimulated by the unhealthy rebound of the nervous system to undue action, in which the nerves themselves participate.

The warm bath, by promoting the cutaneous exhalation, and raising the temperature of the surface, excites the circulation, which by the same rebound maintains a lower temperature throughout the day.

Fainting produces headache, by the re-action of the vessels of the brain, consequent on inanition. The application of a powerful stimulus to a secreting surface, excites the vessels to contraction, through the medium of their nervous system; this condition remains until they recover from the shock, when they pour forth their contents, with a degree of violence far surpassing their former condition; here I am, of course, supposing the stimulus to be considerable.

The application of slight pressure to healthy granulations, promotes their growth by simple excitement, that of a foreign body. The pressure tends to diminish them, and their increased growth is the necessary consequence: if the excitement be too great, the granulation is absorbed; and this object, where the granulations are of an unhealthy character, is often most desirable. Small doses of aperient medicines exciting in too slight a degree action of the intestines, suspend their natural and healthy

functions by the same principle of re-action, and if renewed at comparatively short intervals, will suspend the action of the bowels entirely. The nervous system, in its moral sense, is subject to the same laws and is productive of the same consequences, whether in its normal or morbid condition. Excessive joy is invariably attended by painful depression and distress of mind, be the stimulus moral or physical. The mental anguish which overwhelms the drunkard, is not solely referable to the stings of conscience; while the furious and intractable hallucinations of the maniac, gradually sinking into exhaustion, exhibit him melancholy in spirit and powerless as a child. To uphold the physical and moral frame, and to maintain it in the condition of the fulness of health, the circulating and nervous systems must possess a uniformity of action, and an identity of power. They rise and fall together; they are indissolubly united. If you reduce the circulation by the abstraction of blood, to the same extent you lower the tone of the nervous system. How strikingly is the intimate and mutual dependence of the two systems manifested by the experience of every day! How entirely does the energy of character sink under the wasting energies of the bodily frame. Observe the laboring man! with limbs of giant mould, and the vigor of whose constitution and his endurance of pain appear to set at defiance the invasion of disease; subject him to the consequences of repeated abstraction of blood, or lay him up for six weeks, contending against continued irritation from a compound fracture, and his energy of character is gone, his intolerance of bodily pain is converted into sensibility the most acute; he becomes puerile, fretful, and suspicious. And will not in like manner the momentary blush of shame, or the rapid and irregular pulsation of the heart under the influence of fear, with equal force denote the dependence of the circulating on the nervous system? This intimate dependence must ever be kept in view by the practitioner. It may serve to teach us, that however extensive may be that class of inflammatory disease which warrants the abstraction of blood from the circulation, we cannot exceed the quantity which the most judicious observation would point out, without committing a double wrong.

In proportion to the excess of force in the remedy employed, will be the consequent *re-action*; may I not therefore with reason, insist on the importance of that law, which restricts the activity of our remedies, and which renders them efficient only when employed with a degree of force inferior to that of the disease they are destined to remove?

With regard to the immediate subject of remedies, they are either internal or external, the latter being local or general. We may divide the internal remedies into those which give vigor or frequency to the circulation, and those which diminish its force. Now in the medical treatment of disease, doubtless the latter largely predominate: of these, the most efficient is that of bloodletting; a remedy calculated to accomplish the greatest good, and susceptible of the greatest ill.

Unfortunately, perhaps, it is a remedy always at hand; certainly it is employed with great effect, and often with great advantage, but that its agency is largely abused I have not the smallest doubt. There is no part of the treatment of disease which demands clearer perception and nicer discrimination, than the distinction between that condition of the

circulating system, which either fortels or is actually attendant on inflammation, and that which denotes the excitement of the same system from weakness. Of all parts of the body, there is none which possesses so strong a claim on the circulation of the blood as the brain. On the abstraction of any considerable quantity, the brain appears to yield to the general amount of loss, a less proportion than any other organ or part. If you bleed an animal to death, the vessels of the brain are found distended with blood ; as though that organ presided over the body as the *primum mobile* of its action. Throbbing of the vessels of the brain, however violent, is *more frequently* an exhibition of irritation or weakness, than of inflammation, indicating that the balance of the circulation is suspended, and that the brain is asserting its claim to a too large proportion of the residue to be compatible with its just and healthy distribution. The abstraction of a large quantity of blood cannot be justified at the hands of the surgeon, excepting for the purpose of contending against positive inflammation. I have no idea of taking blood for the purpose of reducing the patient's pulse to a certain standard. I have no idea of taking blood to avert a possible, nay, even a probable attack of inflammation ; nor is that practice in any degree more warrantable, that would extensively reduce the circulating fluid, to the end of diminishing the force of muscular contraction. Unless the nervous system be cognizant of disease, you cannot take blood with impunity ; and the same quantity of blood that might be advantageously drawn, under real and positive inflammation, might be fatally drawn without it. Nor is this principle exhibited only in reference to the abstraction of blood, but it appertains, with the same force, to any operation for the removal of a disease, of which, as I have before expressed it, the nervous system is not cognizant. These observations will, I apprehend, be found most especially to apply to patients of what are called an excitable nervous system, and to females of marriageable life. I will give you an example : during my residence in Paris in the year 1822, I witnessed an operation by Baron Dupuytren, for the removal of one of the toes of a young woman, not from disease, observe, but because its position was such with regard to its neighbor, as to impair the symmetry of her foot. She suffered severely during the operation ; inflammation did not succeed to an extensive degree, but she died, apparently from the shock her nervous system had sustained. Within a few weeks of her death, a second case occurred precisely similar in all its important particulars ; after being at the verge of the grave for many days, this girl subsequently but slowly recovered.

I remember to have witnessed an operation for the removal of an innocent tumor from the shoulder of a young and susceptible woman, who, like the preceding, suffered greatly during its performance. There was something about her constitution that assured me there was danger attendant upon it. She died within three weeks of the operation, without the occurrence of any considerable degree of inflammation to which to refer it.

I remember another patient, a female, who died after the slight operation of removing a diseased bursa from the surface of the patella. Now in none of these cases was there any pain, and little inconvenience. All these persons were in rude health, and the rude health destroyed them,

because their nervous system sustained a shock for which it was totally unprepared.

Another observation on the general subject of remedies, is that of their peculiar action on different constitutions. Mr. Abernethy was accustomed to say, "All medicine is an experiment; what agrees with one man may not agree with another." We are all acquainted with the existence of certain idiosyncrasies, as they are called. Some persons are severely salivated by a single grain of mercury, others are overwhelmed by small quantities of laudanum; and the repugnance to *iperacuanha* is quite remarkable in some constitutions. I am myself acquainted with the wife of a medical man, who experiences a most distressing sensation whenever the stopper is removed from the bottle of that drug, even in another room. All this tends to enforce the importance of the maxim I have endeavored to insist on—namely, the *importance of restricting the quantity of the remedy applied.* \* \* \* \*

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#### USE OF CREOSOTE.

[Communicated for the Boston Medical and Surgical Journal.]

Mrs. — had been troubled more than two years with an obstinate cough, verging towards consumption. She had taken a great deal of medicine from three physicians, without the least benefit. She applied to me, and after trying all the medicine usually administered in such cases, without so much as giving temporary relief, I gave her up in despair. Four weeks after this, I happened to meet her, and she being very anxious to obtain relief if possible, urged me to make another trial. I simply gave her 10 drops of creosote in 3 i. water, and ordered 20 drops to be taken every eighth hour in a glass of sweetened water. I saw no more of her for five weeks, when, to my astonishment, she told me her cough was entirely cured, and her health in other respects very much improved.

I make this communication merely with a view of calling the attention of physicians to the new article (creosote), that they may test its virtues and see if repeated trials will give similar results. J.

*January, 1836.*

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#### DR. HEYWOOD'S FINAL ANSWER TO DR. WORKMAN.

[Communicated for the Boston Medical and Surgical Journal.]

MR. EDITOR,—From a paragraph in your Journal of the 13th instant, I notice that you presume the correspondence between Dr. Workman and myself is closed. I have quite as little time or inclination to further protract the discussion in this manner, as you to publish it. Its last communication is so replete with gross misrepresentations and false coloring, that to attempt an answer would extend the paper altogether beyond the limits of your Journal, even if you were *induced* to publish it. I shall therefore briefly state, that all the essential particulars in my former communication can be substantiated by testimony sufficient to establish them in

any court of justice, and that if I failed to furnish sufficient data to warrant the inference that the arm (or, lest he might cavil or mistake that word, I will say humerus) was not broken, I now state distinctly and unequivocally that it was not, and that the Doctor's lucubrations about the slipping forward of the "bone upon the head" are "all in his eye," and on a par with the anatomical knowledge he has displayed in supposing that the boy, or any one else, can elevate the arm above the head "without at the same time inclining the body to the opposite side or raising the scapula with it." With this statement, I shall take leave of the Doctor, premising that if he wishes to write himself into notice he must choose some one to answer him who has as much leisure time as himself.

If he wishes a copy of Drs. Woodward and Chandler's certificates for publication, they are quite at his service whenever he may call for them.

By giving the foregoing an insertion, you will

Oblige yours, &c.

B. F. HEYWOOD.

*Worcester, January 19, 1836.*

#### HOUSE OF CORRECTION HOSPITAL.

WE have availed ourselves of the permission of the Directors of this excellently well managed Institution, to present a synopsis of the annual report of the physician, Dr. J. B. Flint, with reference to placing on a permanent record, a statistical account of the medical business of the several public establishments in Boston.

Herewith I transmit a return of the prisoners who have been under treatment in the hospitals of the institution during the semi-annual period terminating on the 31st of December. In the course of that time nothing has been observed, in the medical department, to require a dilated report at the present time. There has been no epidemic nor contagious disease in the place, and but few cases of severe or unmanageable sickness of any kind. There are no local influences, nor any form of labor or discipline to which the subjects are consigned, so far as I have observed, which are unfavorable to health—on the contrary, it will appear that there is less illness among the prisoners of this institution, than occurs in the same number of persons in the community at large, to say nothing of the predisposition to it, which cannot but result from the previous habits and consequent constitutional deterioration of a large portion of the convicts. I was apprehensive that we should find an exception to the above remark, in the foundry which was put in operation a few months since—that the metallic fumes would be inhaled by the workmen, and either occasion affections of the lungs by their irritating action on the bronchial membrane, or induce some remote and constitutional disease, by the absorption of poisonous particles. But no such ill effects have, as yet, been observed; and it is a circumstance worthy of remark, and one which has agreeably disappointed my expectations, that while each of the three principal trades carried on by the men in that place is among those which are regarded as peculiarly conducive to grave pulmonary disease, we have had, in the last six months, but two cases of hæmoptysis, and but one of pulmonary inflammation of fatal character.

The condition of persons affected with mental derangement or imbecility, who are confined in the House of Correction, is most unsatisfactory, whether viewed in regard to policy or philanthropy. Most of them are not subjects of medical treatment, having already been subjected to all the approved methods of restoration of that kind without effect, and are sent to us confirmed lunatics or idiots. We have no arrangements for the application of those moral and disciplinary measures, which are frequently employed with success in the most unpromising cases, in establishments expressly designed and fitted for that purpose, and even the mere restraint necessary to prevent their harming themselves or others, can hardly be applied without a great sacrifice of the order, tranquillity, and productive labor of the House.

Might not the furious madman, if not receivable at the Asylum, be better accommodated in some of the many vacant apartments of the county jail? and would not the idiots who are incapable of crime, be more suitably provided for in the almshouse?

There has been *one death* and *one birth* in the Institution in the course of the last six months.

The following are the diseases which have been treated during the time specified, with the number of patients with each disease. Pleuralgia, 2; fever, 1; disorder of bowels, 13; chronic hepatitis, 1; lumbago, 1; amenorrhœa, 1; syphilis, 7; gastritis, 1; injury of head, 5; scrofula, 2; injury of knee-joint, 1; rheumatism, 8; injury of foot, 4; intemperance, 2; disorder of stomach and bowels, 2; inflammation of eye, 3; febrile attack, 1; fractured ribs, 1; abscess, 2; fever and pneumonia, 1; piles, 4; headache, 1; intemperance and ulcers, 1; earache, 2; worms, 2; injury of eye, 7; inflammation of lungs, 1; dysmenorrhœa, 4; cholera morbus, 1; diarrhœa, 8; dysuria, &c. 1; phlegmon in face, 1; inflammation of bowels, 1; disorder of stomach, 7; hepatitis, 1; dysentery, 11; cold, 7; cough, 8; injury of leg, 2; burn, 1; wound, 1; entropion, 1; injury of finger, 2; ulcer, 2; abscess on hand, 1; chronic diarrhœa, 1; injury of toe, 1; bruised, 2; colic, 1; hæmoptysis, 2; sprain, 1; rheumatism and menorrhagia, 1; sprain of back, 1; ozena, 1; phthisis, 1; gonorrhœa, 1; bronchitis, 1; hepatitis and rheumatism, 1; inflammation mastoid cells, 1; inverted toenail, 1; chronic dysentery, 2; pleurisy, 2; wound in side, 1; wound of ankle, 1; ulcer on head, 1; wound and chronic bronchitis, 1; carbuncle, 1; fistula lachrymalis, 1; symptoms of fever, 1; disease in chest, 2; ulcer on leg, 1; mimosis, 1; menorrhagia, 1; boil, 1; pneumonia, 1; intermittent fever, 1; general indisposition from drink, 1. Total, 174.

*Boston, January 1st, 1835.*

## REMARKS ON RE-UNION OF DIVIDED PARTS.

[Communicated for the Boston Medical and Surgical Journal.]

MANY cases are detailed of re-union of parts completely separated, and the authority is such that we are bound to give credence to many of these statements; still we are inclined to think that there is no positive cer-

tainty of the desired effect in all cases. We should not, therefore, be positive in promising a re-union under circumstances apparently the most favorable. I shall relate two or three cases which have a connection with this subject.

The ball of the index finger of one of my own hands was separated from the finger, with the exception of the skin on one side, by a cutting instrument ;—a re-union readily took place.

In the year 1831 I dressed the finger of a negro boy which was cut by an axe in the cavity of the middle joint, and which had separated it, with the exception of a small portion of the skin of one side. A soft poultice had been applied for several days before I saw him, under the impression that it would either unite of itself or come off. When I removed the dressings, I found it distorted to nearly a right angle—there was no re-union, but flabby-looking granulations in the place of it. I washed the wound clean, straightened the finger, applied adhesive plaisters and small splints, covered the whole with a roller, and directed it to remain unopened for some days. In two weeks perfect re-union had taken place, with no deformity. The joint was immoveable, of course, as the *flexor* and perhaps the *extensor* tendons were divided.\*

I will now add to this a case not so successful. Some time during the past year I was called to a negro boy, 4 or 5 years of age, who had accidentally, when at play with another, had two of his fingers separated, with the exception of a small filament of skin, by an axe. I arrived a short time, only, after the accident, and was very careful to place each finger in its proper situation, and to confine it by stitches and bandages ; and although every precaution was taken, no union was effected, and the fingers sloughed off.

A careful trial, however, should be made in *all cases*, to invite a re-union of divided parts, but I am of opinion that there is no certainty of that effect.

W. A. GILLESPIE.

*Louisa County, Va. Jun. 1836.*

#### BETA VERSUS MR. GRAHAM.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—I am not entirely satisfied, I must own, with the *manner* in which Mr. Graham defended himself against the charge of Utopian dreaming, preferred against him by Dr. Bell ; especially when it is quite obvious, from the character of the article on the “*Vitality of the Blood*,” in your number of the 20th, that he is under no necessity of substituting declamation for argument. Still, with Mr. G., I am unable to see much that is indicative of merit in Dr. Bell’s essay : and I am sorry that your amiable correspondent Beta should have left *his* element—for he obvi-

\* Some time in August last, as Dr. Warren, of this city, was walking from his door, a man stepped up with the finger of another person, which he remarked had just been cut off. The Doctor examined it a moment, and asked where the individual was from which it had been amputated? Leaving the finger with the Doctor, the man ran to find the owner, who seems to have been near by. Perceiving some remaining evidence of vitality, although so completely separated from the body, Dr. Warren replaced it in very exact contact with the stump, to which it soon united, and it has proved to be a pretty useful member ever since.—Ep.



ously has—to engage in a species of warfare to which he is far less adequate than to the daily routine of a useful medical practice ; and above all that he should have stooped to the use of language which—to say the least—is no less objectionable than that of Mr. Graham.

Whether Mr. G. has or has not spent “twenty years” of his life in physiological researches, or whether he has examined every “nook or corner of the field,” I will not undertake to decide ; for it is beyond my power. Justice, however—after having both examined Dr. Bell’s essay, and heard several courses of lectures from Mr. Graham, and also formed an acquaintance with him—compels me to say that no man, in my estimation—in this country at least—has given evidence of a more thorough knowledge of this subject than Mr. G. ; and when I compare the “researches” of Dr. Bell with his, they seem, *in comparison*, the puny efforts of a child.

Your correspondent, Beta, regards Mr. Graham—though he acknowledges he knows nothing of him, except from the public prints—as “a fluent and sometimes eloquent lecturer,” but “superficial.” Now, to repeat what I have already said, your correspondent is sadly mistaken in regard to Mr. G.’s being superficial. Nothing is more certain than that he is exactly the reverse ; and if there be a prominent error in his lecturing, it is that he is too profound and philosophic for even his more intelligent hearers. Nearly every one of his lectures consists of material enough for *a dozen*, at the least, were the subjects duly illustrated and explained. To a student in physiology—not, indeed, to a smatterer—there is scarcely a sentence in his lectures, that does not demand the most intense thinking. At any rate, no man whom I have seen, is farther removed from “castle-building or vision-seeing.”

As to his “brass,” I will only say that he is said to be naturally diffident, and in making an effort to overcome this, he may sometimes *appear*, to a stranger, to go to the opposite extreme. But another reason why he has sometimes been charged with “brass,” or rather with self-sufficiency, is his great simplicity. In his public addresses, no less than in ordinary conversation, he speaks, even of himself, with the simplicity of a child. He is, in short, at one and the same time, an original thinker, and a simple, plain, matter-of-fact man.

“Some of the most inveterate dyspeptics I have ever known,” says your correspondent, “have been such as have been the meek followers of Mr. Graham’s rules of living.” In this he is mistaken *in toto*. He does not know—and cannot, from any public prints which I have seen, unless it be from his “Lecture on Cholera”—what his rules of living are. I challenge him to produce a single case of a person who became a dyspeptic from following the rules laid down by Mr. G. in his popular lectures, or so far as those views are there developed, in his Lecture on Cholera, or that to Young Men. Such a case cannot be produced, either by Beta or any other person in the world.

I am not an enthusiastic supporter of Mr. Graham. By no means. Indeed, until I heard him, conversed with him, and examined his works, even Beta had not stronger prejudices. It is true, I had arrived at his principles, in the main, and had followed them in practice, for five or six years before ; but having read the squibs in the public prints, I was

strongly prejudiced against the *man* himself. I need not repeat that these prejudices are now so far removed, that instead of a monster, I regard him as a man, and as deserving of the common treatment and common sympathy.

But I will not extend my remarks too far. Suffer me, however, to insert in this place, an article dated at Portland, Maine, July 22, 1834, signed by most of the respectable physicians of that place. I have accidentally found it within a few days, in the introductory part of a little volume published in New York, by Mr. Applegate, entitled "A Defence of the Graham System of Living." The same work contains an account of a meeting in Brunswick, Me. at which Gov. Dunlap presided, a committee of which, consisting of distinguished gentlemen of the medical and other professions, with Prof. Mussey at its head, adopted resolutions of similar import to those recently adopted at the meeting in Boston; but which I have not time to copy and send you at present.

"The undersigned, members of the Portland Medical Association, having attended Mr. Graham's lectures on the "Science of Human Life," are happy to concede that many of his most valuable doctrines are peculiarly his own, and, so far as we know, are not to be found in medical books, as has been asserted by many who have not attended his lectures. The assertion, therefore, that Mr. Graham's lectures are made up of materials already before the public, is, we believe, untrue.

We regard his system as embracing the very best interests of the human race; for we cannot doubt that if his doctrines in respect to diet and general regimen should be universally adopted, the cause of temperance and morality would be essentially promoted, and the physician's services rarely needed.

His anatomical and physiological illustrations are entirely correct, and his demonstrations of the sympathetic relations of the organs of organic vitality are intensely interesting.

J. Merrill, M.D. Thos. H. Merrill, M.D. B. D. Bartlett, M.D. Eliphalet Clark, M.D. Timothy Little, M.D. J. W. Mighels, M.D. Albus Rea, M.D. Luther Rogers, M.D. John Barret, M.D."

It will be seen by the foregoing, that if it were shown that I have become the dupe of Mr. G.'s pretensions, the enlightened physicians of Portland are dupes along with me; and also Prof. Mussey. I will only add that I have heard the author of one of the best works on Physiology—perhaps the very best—say that in conversation with Mr. Graham, some time ago, he derived from him very important information, and that he should rejoice to be able to converse with him constantly for a week.

*Boston, January 22.*

A.

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## BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, JANUARY 27, 1836.

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### BELL'S INVESTIGATION.\*

A VARIETY of papers, from week to week, have prevented us from giving an earlier notice of this production of Dr. Bell—a correspondent, whose unbounded industry in the collection of pathognomonic facts must have been long since observed in this Journal. Unfortunately for us, a part only of this Essay has been received—and however well pleased we may

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\* An Attempt to Investigate some obscure and undecided Doctrines in relation to Smallpox, Varioid and Vaccination. By LUTHER V. BELL, M.D. Boston—Marah, Capen & Lyon.

have been with the beginning, it is impossible to foretell with certainty the character of the remaining sheets. Judging, however, from the specimen before us, there is no risk in presuming that the whole will, when completed, be well received. After adverting to the importance of the study of variolous diseases, to the New England practitioner, the author proceeds to a general view of the ordinary phenomena of invasion, symptoms, and progress of natural smallpox, illustrated by personal observations on cases brought immediately under his own eye. Under this division of the subject, he speaks particularly of the time at which the disease is developed after exposure, varying from ten to seventeen days—the febrile action, peculiarity of the pains, &c. and ultimately asks the question, Is smallpox ever of a spontaneous origin? which he is evidently inclined to answer in the affirmative, his reasons being based on certain evidences detailed in the text.

With regard to the period at which the disease is manifested after exposure to infection, the following fact, from our own experience, shows that it may be extended much beyond the usual limits. In the winter of 1827, we took, from a small schooner, a sailor who had the exact symptoms of smallpox—and the next morning after he was landed at the quarantine ground, the eruption made its appearance. The master assured us that no person had been ill, in a voyage of thirty-six days from Fayal; but that just before sailing, a man called on board who was recovering from smallpox. What prevented the earlier development of the disease in this case?

Another division of the inquiry begins with this very perplexing interrogation—"To what extent is smallpox capable of being transferred by atmospheric conveyance, personal communication, &c.?" Here cases are also cited, explanatory of what Dr. Bell is satisfied will prove the limited extent, or rather circle, in which the contagion exerts an influence. He next proceeds to the consideration of the modification of smallpox by the vaccine disease, which has been the subject of a voluminous discussion, in by-gone days, in all countries where the science of medicine is cultivated. Nothing is advanced, in this division, more conclusive or pertinent than may be found in the Journals and books, both at home and abroad. If there is wasted labor discoverable any where, it is between the twenty-fourth and thirty-sixth pages, and again to the thirty-ninth, touching the "degree of the vaccine prophylaxis, where the vaccine virus is inserted after exposure to smallpox." The following occurs as a note:

"A very interesting case of smallpox in the *fetus in utero* occurred in my practice last spring at Candia. Mrs. R., advanced to the seventh month of pregnancy, was seized with smallpox, which assumed a severely confluent form. Notwithstanding a conjunction of severe moral and physical shocks (having lost her husband and eldest daughter during her own attack), abortion did not occur. Dr. Samuel Sargent, her ordinary attending physician, has lately informed me by letter, that at the expiration of her full term she was delivered of a healthy child, whose abdomen and thighs are marked with decided smallpox pittings, and which was insusceptible of the vaccine disease."

In the winter of 1828, if our memory serves us—the public record not being at hand—a woman was under our care with the distinct smallpox, who was in the last month of pregnancy, and the anxiety felt on that account was very considerable. She recovered, however, perfectly. It so happened that several members of her family contracted the disease at

the same time, and therefore occupied an apartment in the hospital. The day before this woman was to be discharged, one of her children, a daughter, 18 years old, died. The mother was greatly afflicted, and, in the midst of all, was taken with labor pains. That evening, fearing she might be confined in the hospital, she was removed to her own house, but was delivered before ten o'clock. Dr. George B. Doane, of this city, was the accoucheur—not having been fortunate, ourselves, in arriving in season, as requested by a messenger. The child was alive, well grown, a male, but died in a few minutes of a most *perfectly-marked confluent smallpox*. The distinct pustules were as large as peas over the entire back and abdomen; but the face, neck, palms of the hands, and even the soles of the feet, were one entire sheet of matter! Yet the mother had been entirely free from even the remnant of scabs for many days.

There is no part of Dr. Bell's treatise in which we have been so much interested as in the decided manner in which he speaks of the efficacy of vaccination. Some of his remarks on the supposed diminution of the vaccine protection by age, are here quoted:

"The popular impression is, that in a lapse of years after vaccination, the system becomes again liable to receive the smallpox. For reasons which it would be difficult even to conjecture, this limit has been placed at seven, at ten, and at twenty-one years. Even some respectable authorities have given a partial sanction to this idea. Dr. Leo Woolf, in Germany, has published a memoir on this subject, quoted by Dr. Eberle, in which he has adduced facts and reasonings to show that this influence is effaced by the constitutional changes which take place at the epoch of puberty; and Dr. Eberle, from facts which have come under his own observation, is inclined to believe that the prophylactic influence is gradually diminished in the system—though he considers it as absurd to set a definite limit within which the gradual subsidence of this influence is accomplished, 'since it may be supposed that idiosyncrasy, modes of living, and accidental as well as constitutional predispositions, and perhaps habitual extraneous influences, may give rise to much variation in this respect.'

"A constant endeavor for a number of years to collect facts in relation to this point, has as yet produced no evidence in my mind of any change from the lapse of time. I have seen repeatedly the modified form of smallpox occurring in individuals who were only just through a decided vaccine disease, and in others when twenty, twenty-five and thirty years have elapsed; which proportion of cases, recent or long standing, has obtained to the greatest extent, I can hardly say. Thus I can state generally from personal experience, that I see no reason for believing that any alteration of the prophylaxis occurs, either from time or the changes of puberty."

Though we have thus presented but an imperfect sketch, and that in outline, of the commencement of Dr. Bell's book, we anticipate a valuable manual of reference, alike honorable to him and useful to its readers. Whenever the whole is received, a further analysis may be expected.

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#### DR. JAMES HAMILTON.

DIED at Edinburgh, on the 27th of October last, Dr. James Hamilton, author of the well-known treatise on *PURGATIVES*, in the eighty-eighth year of his age. He was the son of a professor of Natural Philosophy in the University of his native city, and educated in the Medical School

of Edinburgh, when controlled by Monro, Cullen, Black and Gregory. Such was his unconquerable aversion to surgical operations, that he commenced practice as a physician, exclusively, yet he seems to have had but little to do in early life. Having become connected with the Royal Infirmary, most of his time was devoted to that institution. Strange as it may seem, with the advantages with which he began a professional career, he never enjoyed any reputation till after he had passed his fiftieth year. This is an encouraging fact, and quite in keeping with the proverb, "better late than never." At that period, his *Essay on Purgatives*, which has given him an universal notoriety in all civilized countries, was presented to the public. Such was the infatuation of the author, that finally, cathartics were of more importance, in his view, than all the world beside. Every evacuation must be inspected—and vessels in the infirmary were kept on hand so long to accommodate his convenience, that the nuisance was intolerable. For the sake of a pure atmosphere, it is said the nurses prepared occasionally the contents of the cloaca—and thus greatly puzzled the doctor. The deceptions, which not unfrequently consisted in mixing the dejections of different patients, to save trouble, as the doctor became tediously critical in his ocular inspections, produced some most laughable pathological conclusions, and ultimately convinced the students, that solemn as were the responsibilities of the physician, death was not always in the pot. Dr. Hamilton was a singular man. He never wore gloves in any weather—always slept with an open window—never gave anything for charitable purposes—and, though a bachelor, the Hamiltons were marvellously multiplied in Scotland in the course of his eighty-eight years of vigorous health. With much good sense, he was affected in dress, and stuck to a cocked hat—and wore it, too, in spite of all innovations, forty years after they were out of fashion. In personal appearance, he was a dapper little man, with a pleasant face, which served him well in making favorable impressions. His house adjoined the residence of Dr. Hamilton, the famous accoucheur, author of a system of midwifery—but as the one neither added senior or the other junior to his door-plate, it was productive of a vast many singular blunders on the part of customers. On the whole, Doctor Hamilton was a useful laborer in the field of medical discovery.

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*Operations for Medullary Sarcoma.*—Mr. Langstaff details an interesting case of medullary sarcoma in the right testicle of a child twelve months old. Castration was performed two months after the disease manifested itself, and when the tumor was of the size of a hen's egg. The child enjoyed good health for about four months, when a small tumor, about the size of a horse-bean, appeared beneath the scalp, near the posterior-superior angle of the left parietal bone, which soon acquired the magnitude and figure of an apple. There were no signs of cerebral affection, though the health of the boy began to decline. The patient lived only six months from the time the operation was performed. On opening the abdomen after death, a tumor was seen projecting into the cavity from beneath the posterior surface of the peritoneum, which was formed by several of the absorbent glands in the lumbar region, having been converted into medullary tubera. The left lung was also affected with medullary sarcoma. There was a tumor, of the size of the one described, on the internal surface of the parietal bone. Mr. L. also relates a case in which a morbid testicle was removed from a man aged 30, who reco-

vered, and two years afterwards was in good health. In the latter case there seemed to be a combination of carcinoma with scrofula. In reference to cancerous and fungoid affections, Mr. L. remarks that he has seen such unfavorable results after operating for them, that he is determined never to propose an operation, or again to perform one, in either disease, unless at the particular desire of the patient, and with his consent to abide by the consequences, without reproach to the surgeon.

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*Library of the Medical Sciences.*—The numbers of this excellent work are regularly published at Philadelphia, by Carey, Lea & Blanchard. It is hardly necessary to reapprise the reader that Dr. Hays is the editor, assisted by the first medical talent in America. We cannot refrain from urging upon our professional brethren, at all times, the importance of sustaining, by their most active patronage, this exceedingly valuable production. The article entitled *ARTERIES*, in Parts VIII. and XI. is actually worth, in a library, the entire cost of the whole series. Subscriptions will be forwarded with pleasure from this office.

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*The Milk Sickness of the Western States.*—An epidemic disease is well known at the west and south, under the names of "The Sick Stomach," and "Milk Sickness," which in its acute form often proves fatal in two or three days. It is marked by vomiting, constipation, thirst, a white tongue, diminished secretion of bile, and great muscular debility. Brutes are also thought to be destroyed by it when it prevails. Various causes have been assigned for this disease—such as malaria, a poisonous impregnation of the springs, poisonous plants, &c. A correspondent of the *Western Medical Journal* attributes it to the *Rhus radicans*, generally called poison vine. Many instances of poisoning by this plant are referred to, tending to prove its agency in the production of the disease, though the editor of the *Journal* referred to does not coincide with his correspondent in the poisonous qualities he ascribes to it.

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*Variation of Pulse from Local Affection.*—Dr. Elliotson mentions a case which is of rare occurrence, but which should be borne in mind by the practitioner when forming a diagnosis. A gentleman's pulse was found exceedingly weak on one side, and very strong and full on the other. From the languor, faintness, and other symptoms, it was judged that the weak pulse was that which indicated the true state of his system; and this opinion was corroborated by subsequently ascertaining that the other wrist was affected with acute rheumatism, which occasioned the full pulse.

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*Corrector of Opium.*—According to M. Puchelt, a German physician, the sulphate of soda is an excellent corrector of the unpleasant effects of opium, given in the proportion of a scruple to half a grain of opium. This dose may be repeated two or three times a day. In combination with Glauber's salt, opium, he says, may be administered in cases where slight plethora, local or general, prevents recourse being had to opium alone. In obstinate hæmorrhages principally, this mixture will produce the happiest effects. But if sulphate of soda prevents the congestion which opium sometimes produces, M. Puchelt says that there is another article which corrects its narcotic, without diminishing its sedative effects—this is the cas-

tor. The combination of opium and castor he considers very useful in cases of hysteria.—*Lond. Med. and Surg. Journ.*

*Safety and Success of Extracting the Cataract in old Age.*—Very lately we extracted a cataract from the eye of a woman sixty-four years old, which was followed by no more inflammation than was requisite to adhesion, although she had not been subjected to any previous preparation, either medicinal or dietetic. Last year we performed a similar operation on a man seventy-five years of age, who recovered in a favorable manner. Four or five years since we performed the same operation on a man seventy-four years old, whose eye became inflamed for a while, but he had long been subject to ophthalmia. About the same time we performed the same operation on a man in his eighty-sixth year, who in a week was able to see, and recovered with the least possible inflammation. From these cases we may infer, that violent and obstinate inflammation is even less likely to supervene on this operation, in advanced than middle and early life; a fact that should induce the friends of the aged not to abandon them to the gloom of total blindness in the evening of life.—*West. Med. Journ.*

*Medical Miscellany.*—An Asylum for the Insane is about being erected at Brattleborough, Vt. It is estimated that there are three hundred insane persons in that State.—Dr. Warren performed the very delicate operation of taking out the sternal extremities of two of the false ribs, on Thursday last. The thickening and sensibility of the periosteum rendered the operation somewhat tedious, but we believe the patient's life has been saved by the adroitness of the surgeon.—A new medicated plaster has been prepared by Mess. Jones & Palmer, druggists, of this city, which is well spoken of by practitioners. Both these gentlemen were regularly educated physicians.—The editor of the *Mercantile Journal* expresses his alarm that so many young gentlemen are studying medicine. "In the multitude of counsellors there is safety."—Dr. Oliver's treatise on Physiology is much prized by the profession. The title, *First Lines*, is a bad one, there being already a number of works upon the same subject with nearly the like cognomen.—An apothecary in this neighborhood has made a valuable discovery in relation to the preservation of leeches. He makes no use of clay, as a bed for them. The particulars will soon appear in the *Journal*.—Mr. Scott, of London, has taken out a patent for a new stomach pump and an enema machine. By a peculiar contrivance, the piston performs a double action, giving an uninterrupted current.—The mortality of Boston, in 1835, was 1914.—M. Andral is now delivering a splendid course of lectures on the diseases of the brain and nervous system. The first of the series has been received at this office.—The number of births of female children in England and Wales, for 18 years past, was 3,956,168—and the deaths, 2,297,966. The number of deaths, therefore, was 1 in 48 1-2.—Dr. Wansbrough, of Fulham, Eng. has published an account of a case of modified smallpox occurring twenty-two years after vaccination. We have among us many cases quite as remarkable. A respectable gentleman now living, who had the smallpox in Dr. Aspinwall's hospital, at Brookline, in 1785, had the varioloid in 1827. There has never, to our knowledge, been a death by varioloid in Boston.—A great fuss is made in England concerning medical contracts—in other words, about doctoring paupers. The visiting surgeon of the *Milbank Penitentiary* gets a salary of £300, and the

resident medical officer as much more ; consequently those who get nothing, rail most lustily against *physical monopolies*.—Dr. Physick has been elected President, Drs. S. Jackson and J. Parish Vice Presidents, and Henry Bond Treasurer, of the Philadelphia Medical Society.—Mr. Jones, the celebrated phrenologist, lectured at Lowell, the other day, in favor of the science, in opposition to a gentleman who spoke the week before against it. Both are said to have used ingenious arguments.—Prof. Silliman is expected to commence a course of lectures on chemistry, in this city, in February.—There is some prospect that the present mayor of Boston will make an energetic effort to have pure water introduced into the city from the country. What is the Committee of the Boston Medical Association doing in relation to this great object ?—The editor of this Journal would like an interview with any medical gentleman who proposes to travel in Europe the ensuing season.—Dr. Harlan's Medical and Physical Researches constitute a volume of 653 pages, large-sized octavo.—Dr. Dunglison's excellent Medical Dictionary is going to a second edition, and very much needed.—Dr. Gerhard's new publication, at Philadelphia, seems not to have found its way to Boston, though many readers are waiting.—The following were lately appointed Vaccine Physicians in Philadelphia, for the ensuing year : Drs. Dunot, Zantzinger, McClintock, Bridges. Collectors of vaccine virus, Drs. Glading, Kerr, Porter, Feruller.—Part III. of the American edition of Copland's Dictionary, which has been so long delayed, is said to be nearly ready.

TO CORRESPONDENTS.—Dr. Fuller's communication on Midwifery, from Albion, Me.—Pathological Anatomy, from New Hampshire—Operations at the London Ophthalmic Infirmary—Medical and Charitable Institutions of Italy—and Dr. Harlan's splendidly executed volume of Medical and Physical Researches, from Philadelphia, are all on file, and will have immediate attention. The writer of the article signed W. W., is requested to forward his name, according to promise.—Chronic Aphthæ, by Dr. Swett, Ridgeway, N. Y., will be reserved for the commencement of a new volume of the Journal, week after next.

Whole number of deaths in Boston for the week ending Jan. 22, 36. Males, 20—Females, 16.

Of measles, 3—croup, 1—infantile, 4—typhous fever, 1—lung fever, 4—Inflammation of the lungs, 2—consumption, 6—pleurisy fever, 1—intemperance, 3—old age, 1—bowel complaint, 1—Inflammation of the bowels, 1—drowned, 1—dropsy on the brain, 2—decline, 1—child-bed, 1—disease of the head, 1—unknown, 1—disease of the heart, 1. Stillborn, 1.

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Jan 20—Iyep

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. OLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. J. V. C. SMITH, M.D. Editor. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy, *gratis*.—Postage the same as for a newspaper.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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[NO. 26.]

## CASES IN PATHOLOGICAL ANATOMY.

BY LUTHER V. BELL, M.D. DERRY, N.H.

[Communicated for the Boston Medical and Surgical Journal.—Continued from p. 344.]

IV.—OCT. 20, 1835.—Was called to make a post-mortem examination of Mr. Rufus Hills, of Chester, N. H. an intelligent young man, who had been under my care about a year and a half. When about ten years of age, he had been confined to his back for about eighteen months with what was considered rheumatism, but from the very great distortion of the bones of the pelvis which remained, an anchylosis of the right hip, and the exfoliation of pieces of bone from about the trochanter major, I presume the disease was not of that character. Within a few years after his convalescence from this malady, he began to be afflicted with the symptoms of urinary calculus, for the treatment of which he was under the care of various practitioners without relief. For a short period he was at the Massachusetts General Hospital, where he was treated for chronic inflammation of the bladder, no stone being detected by sounding. He was subsequently sounded, as he informed me, by Dr. Renton, of Concord, N. H. but without this positive evidence of the existence of calculus being elicited. Last June he was subjected to a similar examination by Dr. Mussey, of Dartmouth College, with the same unsuccessful result; nor was it in my power ever to convince myself satisfactorily that I touched the stone, although I repeatedly made the attempt with a great variety of sounds and under various circumstances.

I was first called to advise in his case on account of an obstruction in the urethra just posterior to the scrotum, made by some foreign substance, which he, probably having in mind the former exfoliations from the hip, from its irregular and pointed surface was inclined to think was bone. It had first been noticed about three weeks previous, by the partial obstruction of the urine, and it had immediately been followed by some kind of convulsive affection, which had nearly proved fatal. On removing the substance, which was easily effected by the urethra forceps, it proved to be a calculus of an irregular, rectilinear figure, with several long and pointed projections. No amelioration of his general symptoms resulted. A month or two afterwards, a second stone descended into the bulb of the urethra, so as entirely to close the urinary canal. With considerable difficulty, owing to its size, ovoid figure and smooth surface, this was removed by the same instrument.\* Its smallest circumference

\* Perhaps the instrument by which this is so conveniently effected, may be advantageously described to such as have not seen this form of urethra forceps, as I think, with slight modification, it may be of considerable utility for other purposes in surgical prac-

proved to be one and a half inches. All the usual palliative means were employed to render his existence as tolerable as possible, but the unfortunate sufferer was eventually worn out by the irritation and discharge of pus. The lateral operation of lithotomy was impracticable in his case, on account of the pelvic distortion, had the other circumstances of the case been such as to have warranted the attempt.

On examination, eighteen hours post-mortem, the region of the abdomen just above the pubes was noticed to have a blueish and shining surface slightly elevated; a slight touch of the scalpel, intended to pass through the skin only, cut into the bladder, from which a pint or more of purulent matter was discharged. On further examination, the whole of that viscus was found in a state of morbid alteration; adhesions formed in every direction to the neighboring parts; its membranous appearance wholly lost, and its muscular structure developed in palpable fleshy masses. A stone presented itself, which was embraced by the fundus of the bladder, which had, it was judged, become retro-verted in such manner that a small portion, forming a kind of curved horn by which it was suspended, only was presented within the usual cavity, against which the end of the sound only could have impinged. On removal, the calculus was found of the size of a hen's egg, and of the triple phosphate composition. The two portions which had escaped into the urethra had evidently been separated from the horn-like process or extremity, which was not, like the body of the stone, embraced by the bladder, or, as it were, sacculated.

Two circumstances of interest present themselves in this case; 1, the mode in which so large a calculous formation had been so completely masked, as to frustrate all endeavors to reach it with the sound; and 2, the probability that had his life been maintained a few days longer, a natural supra-pubic operation of lithotomy would have been effected by ulceration.

V.—*Death from inanition*.—Was invited, in conjunction with several other physicians, Jan. 1834, to make an autopsy of the late Dr. Samuel K—, aged about 28, son of the Rev. Mr. K—, of H—, N. H.

tice, such as the removal of foreign substances from the œsophagus, or, in short, whenever strong forceps are required in deep cavities. It consists simply of a straight silver canula ten or twelve inches long, through which a wire of steel is passed, which is split at its extremity into two branches, each terminating in half a sphere, so that when closed, a round end is formed for easy introduction. These branches are sprung apart by their own elasticity, and are closed when they are drawn within the canula. When introduced closed, within the urethra, they detect a calculus with the certainty of a steel sound; if the canula is then drawn back an inch or two, the branches open and the stone is insinuated between them. The canula being then shoved down, the forceps are closed. I find this simple instrument described in the surgical works of Gooch, published nearly a century since.

While on this subject, I am reminded of a mode of overcoming the inconvenience arising from the holes of the catheter becoming plugged up by coagulated blood, &c. in cases of retention of urine. I have resorted to it repeatedly in cases of diseased prostate, where from the necessarily slow introduction of the catheter, its eyes become obstructed. It consists in winding half an inch of the catheter wire with a thread, in such manner that, when oiled, it may exactly fill the calibre of the instrument. When the catheter is in the bladder, let the wire be withdrawn, and the water will follow on the obvious principle of suction. To some practitioners this simple device may be new, and if so, is well worth having been communicated.

He went from home some years since, and was engaged in practice in Delaware Co., N. Y. and thence to Baton Rouge, La. where he probably became insane, as was evinced in letters to his friends. About a year since, he unexpectedly returned to his native place, ragged, miserable, and outrageously maniac. He was sent to the McLean Asylum, where he remained five months without benefit, or prospect of relief. He was then brought back to his father's house, and placed in a cage, which became indispensable for his own and the public security. Fifty-eight days previous, he refused to eat, and it appears from the most undoubted evidence that he had not eaten "the value of one full meal." I am satisfied that during this time, the whole amount of food ingested had not exceeded a pound, nor had there been any alvine evacuation. For some days prior to his death, his expectoration was sanguinolent, and the urinary discharge was likewise colored with blood. He had drank water freely, throughout.

The degree of emaciation was extreme ; there having been an absorption of almost every particle of fatty matter. In neither of the three great cavities were any considerable morbid alterations developed. A slight vascular congestion of the brain and its meninges, and a small quantity of limpid serous effusion between them, existed. The thoracic organs, excepting an unnatural paleness, were natural. The abdominal viscera were exsanguined ; the stomach and colon contracted in dimensions ; the latter containing a small quantity of indurated, scybalous fæces ; the gallbladder was distended, to its utmost extent, with a dark-colored, indeed almost black, bile.

The pathological considerations in this case, in addition to the length of time to which life was protracted without any considerable amount of food, which are most prominent, are, the exudation or secretion of the sanguinolent fluid into the pulmonary and urinary passages, and the evident increased vascular action about the brain evinced by redness and congestion, whilst all the other organs were comparatively bloodless. It is a curious circumstance, also, although by no means novel, that the mental aberration remained unaffected in degree and character, throughout all the physical changes which must have occurred before life was extinguished. I would remark in advance of the interrogation being made, why forcible measures were not employed to supply nutriment through the œsophagus tube, that I did not see this patient prior to his death.

VI.—*Death from obesity.*—Mrs. P——, wife of Moses C. P——, Esq. aged about 50, died in Dec. 1834. She had long been encumbered with extraordinary obesity. Some six months before her death, the bulk of her abdomen seemed to sink down, leaving her from one to two feet less in circumference about the waist, than she had been ; and extending considerably beyond her knees when sitting. This subsidence gave the impression as if an universal ventral hernia had occurred. She began to fail with few and anomalous symptoms, rather resembling peritoneal inflammation than anything else ; but doubtless produced by the tension of the enormous bulk and consequent irritation. Towards the last days of her life, symptoms of an apoplectic character supervened : not, however, till her health was entirely destroyed from the other causes.

On examination, no traces of disease within the abdomen were discovered ; which was the only cavity examined, and that but imperfectly, on account of the unmanageable unwieldiness of the corpse. Her weight at the time of death was not less than 350 pounds ; in person, she was not above the middle height, and of a slight frame.

P. S.—Dr. James Johnson, in the *Med. Chirurg. Review*, makes the following remarks. "Some persons' minds are most felicitously constituted ; they believe that they are born to enlighten mankind, and, Shiloh like, they look upon their stripes as evidence of their mission. Happy fools ! propound your schemes, concoct your theories—if the world laughs at you, laugh at it—if it beats you, defy it—if it for a moment credits you, gull it." This class of individuals, stimulated by a prurient desire of notoriety, or selfishly sagacious enough to see the occasional beneficial effects of opposition in raising, what if neglected would soon sink into original insignificance, seem anxious to appropriate all blows which are going, to their own crania. Like Mawworm, they can truly say, "*I loves to be parsecuted.*"

These reflections occurred to me in noticing some remarks on my *Essay on Diet*, in two late numbers of this *Journal*, by a person of the name of S. Graham. In divers places, a reader would suppose that I had *really* made some reference or allusion to this individual ; e. g. "I say not these things boastingly [!!] but in frankness, to show medical gentlemen that I am neither a fanciful speculator, nor 'Utopian dreamer,' as Dr. Bell sarcastically insinuates." I would only remark, that, "though not to know him, may argue myself unknown," I never have had any knowledge of this person or his "doctrines," other than seeing notices of his perambulating the country in the capacity of an itinerant lecturer on something or other which he calls "*The Science of Life*," and having weekly to read in the Boston newspapers, *usque ad nauseam*, a series of inflated puffs on his performances, bearing a marvellous resemblance to each other. I beg leave to assure him that I had game in my eye of a higher grade entirely, than that which his inordinate conceit pointed out to him, as he may see by recurring to the advertisement of the separate edition of my essay ; nor would I willingly have those who know me, suppose that I could have been combatting such an adversary.

Whilst I acknowledge the "psychological" "nemiety" of my obligations to this *modest, lucid, and scientific* reviewer, for not scalping me nor tomahawking me, as he says he might so easily have done, as well as my still greater debt for his magnanimity in not bearing away the prize which the Boylston Committee so stupidly adjudged to so contemptible a performance as mine, I trust he will accept a few words of advice in return for the sage counsel he has lavished on me ; viz. that he should not, like Scrub in the *Comedy*, think "everybody is talking about him, because they laugh so consumedly." I also hope that he will forgive my ignorance in not knowing that he had "for twenty years" explored the relations between mind and matter, "in all its length and breadth," and attribute it to my being "of Derry" (which important fact he reiterates again and again), and in the humble obscurity of a country prac-

tioner had not learned that S. Graham, of ——— ? had “fully explored” what I had supposed (“weak” “young” man that I was !) to be within the ken of Omnipotence alone.

To conclude ; in comparing the opening flourish of this “learned Theban,” with the actual burden of his remarks, that old distich occurs as not inappropriate—

“The King of France, with twenty thousand men,  
Marched up a hill,” &c.

January, 1836.

L. V. BELL.

#### REMARKS ON MIDWIFERY.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—My small communication in Vol. XII. page 319, of your Journal, has elicited some remarks from gentlemen of talents, who have thrown much light upon a subject which is not only important in establishing medical facts, but also in exonerating the profession from the charge of being instrumental in abridging human life—a charge engendered by ignorance, nursed by avarice, and sustained by prejudice and appeals to the baser passions of mankind. Although I have never felt any compunctions of conscience on account of the treatment of the case there detailed, yet to be countenanced by so many of your valuable correspondents, particularly by the distinguished gentleman of Connecticut, gives me renewed confidence to pursue more zealously the devious path of our profession—a path seldom strewn with flowers—a profession which, though it aims to promote the best interests of mankind, a diminution of human misery and suffering, and the increase of human happiness, yet is but too often rewarded with ingratitude, contumely and reproach. But of this I deem it beneath true dignity to utter useless complaints.

In Vol. XIII. page 269, of this Journal, is a communication from Dr. Jewett, of Vermont, noticing my remarks upon midwifery in Vol. XII. page 348, wherein the Dr. seems to fear that I shall infringe upon the orthodox practice of midwifery, and “mislead the younger part of the profession.” I cannot boast of much “experience” (I beg pardon, sir, for the quotation : I venerate age and wisdom, but it seems to be the fashion of the times to take shelter behind that polysyllabic word, as if it contained some magic charm) ; but I can say I have spent some years of pretty close observation in an extensive but variegated country practice, and that I have not as yet seen any sufficient cause to deviate from the course mentioned in that paper. But cases *may* occur in which I shall deem it proper to pursue the opposite ; most assuredly I should do as did Dr. J. in the case of Mrs. F. “After continuing my efforts for about six hours”—long enough, in all conscience—I should probably let the placenta remain.

Dr. Jewett relates two cases ; the first, I suppose, to show the danger attending the method which I pursue—the second to prove its needless-ness. Now as I do not claim the merit of proposing a new system of practice, because it is an ancient one and is adopted by a large number of our most successful practitioners, in this section at least, therefore I

am not to be considered the especial defender of such practice. The case of Mrs. C. cannot go far to show the danger of forcible removal, unless it can be shown that such removal was the remote or immediate cause of her death; but I should not myself, nor do I think that candid observers, would, attribute so sudden a dissolution to such an operation, while no hemorrhage ensued. A case occurs to me in which the causes of death may possibly be identified. An intelligent townsman of mine, a short time since, narrated to me the facts in a case of amputation of the leg which he saw performed several years ago by an eminent surgeon, who was then in this part of the country. The limb was skilfully removed, and the patient bore the operation with remarkable fortitude, scarcely uttering a groan. The arteries were soon secured; there was but little loss of blood; immediately the patient was asked by the operator how he felt; his reply was, "comfortably well." No sooner had he spoken, than a change came over his countenance, his breathing became heavier, and in two or three minutes he expired. Similar cases, I believe, are on record. What, then, was the cause of death in the above case?

Dr. J. gives his second case, I suppose, to corroborate his belief that a retained placenta is not "necessarily dangerous or deleterious" in its consequences; but if he is not already aware of such dangerous consequences, I would refer him to Dewees, Baudelocque, and to almost all authors on obstetrics, particularly to Good's Study of Medicine, Vol. IV. page 240, where he may find one case, at least, showing the fearful danger of its retention, and the happy result consequent upon its removal.

But I did not intend to mislead young practitioners by my remarks, which have excited the gentleman's fears. I had hoped that if the writings of so obscure an individual were noticed at all, they might contribute something towards the abatement of the doctrine of non-interference, with which I believe many of our young men are too thoroughly imbued; and that belief has not been weakened by a case which occurred a few weeks ago. I was called to visit, in great haste, a puerperal patient in an adjoining town. On my arrival, the distance being several miles, I found the patient put to bed and comfortable; learned that she had been in labor most of the preceding night; that about midnight the child was born; that after-pains, more or less acute, continued from that time till 9 o'clock in the morning, when an old lady introduced her hand into the vagina and removed the placenta, almost without effort, a little previous to my entrance; that the doctor—a young man of that town—left and went home about 8 o'clock, having made several slight efforts at retraction by the cord. Probably the young man had exhausted his patience and that of the assistants by adhering to the non-interference plan. Now here was a case of needless expense, unnecessary expedition on my part, vexations on the part of the friends and attendants, and discredit to the young physician—merely because he had been taught the doctrine of non-interference, and was waiting, *secundem artem*, for voluntary expulsion. As this was the young man's debut, and it proved so unfortunate to him, you may readily suppose it will require some length of time before he will be troubled with many calls of such a nature in that neighborhood.

Again, I would advise seasonable removal on account of expediency, the comfort of the patient, and the convenience of the accoucheur and assistants. I am aware, sir, that in a mild climate, or in comfortable apartments furnished luxuriously, the patient may perhaps be left, after expulsion of the fœtus, for hours, undisturbed, although the placenta still remains. But fancy yourself, Mr. Editor, in the depth of winter, in the north of Maine, called from your bed at midnight to an obstetric case, several miles from your home ; having escaped *entire* congelation, you arrive at the house, if house it may be called, whose shattered ruins have survived the blasts of many a long and tedious winter ; where the stars take cognizance of its inmates by peeping unceremoniously through the open walls of the tenement, and where the mercury may be found at 30 or 40 degrees below freezing point ; at length you have succeeded in delivering the fœtus, have waited half an hour or more, and no voluntary expulsion of the secundines takes place. The wind is piercing, as you may easily suppose, and your patient shuddering with the cold, lying in her wet clothes, with some probability that they, too, may prove adhesive. What will you do ? Will you wait patiently hour after hour, and run the risk of your patient taking her death-cold ? or will you, with but little trouble to yourself, as is most usually the case, bring away the placenta and place your patient comfortably in bed ? I can readily conjecture, sir, which course you would pursue. This is no fable, Mr. Editor ; it is drawn from real life in my own practice, and is not a solitary case : yet the people in Maine are not all savages nor cannibals ; and there are those among us “ whom the winds of heaven are not permitted to visit too roughly.”

Can it be reasonable to expect that London and Parisian authors, who know comparatively nothing of our habits and customs, and but little of our diseases, should be the best practical guides for a region like the one I have described ? I would be the last, sir, to “ mislead the younger part of the profession,” because I have been but too often misled myself ; but I would have them taught that if they would obtain a fee, they should earn it ; that their employers expect an equivalent for a fee ; and that when called to a case where something is necessary to be done, they should be ready to do that something. I would also convince them and the profession at large, were I able, that one cause of the very great increase of steam doctors, quackery, and patent medicines of every description, is the too rigid adherence on our part to a limited but well-trodden path ; and I would have our young men contribute their share of labor towards widening that path and clearing it of its rubbish.

One question more, Mr. Editor, before I exhaust your patience. Why will not your correspondents come out under their own signatures ? It is to be regretted that we can never know the authors of many of your valuable papers, particularly those of the “ literary emporium.”

*Albion, Me. January 18th, 1836.*

A. P. FULLER.

## MEDICAL AND CHARITABLE INSTITUTIONS OF ITALY.

FROM A LETTER TO A GENTLEMAN IN THIS CITY.

[Communicated for the Boston Medical and Surgical Journal.]

It has been my object to know this country, I mean Italy, perfectly ; and in no place have I omitted to visit its Hospitals and Almshouses ; and it is justice due to this country, to say, that these institutions do great honor to it. During the time of the Republic of Genoa, its *Albergo di Poveri* was celebrated throughout Europe, not only for its extent, but for its extreme neatness and the excellency of its internal police. It is of immense extent, containing about 3000 poor, a large proportion of whom are women and children, who are employed in different sorts of work, the produce of which goes to the support of the establishment. It may be called neat, but I did not find the degree of neatness I expected. Neatness cannot be called an attribute of the Genoese. The General Hospital here, for the reception of all the sick, is of great extent. The Hospital of the Incurables presents a shocking sight, but, at the same time, it is a sight which every man, and especially he who is disposed to complain of his own situation, ought to see. Here are about five hundred patients of all ages, from a year to three score years and ten, who have come to pass their days, because their maladies are past the reach of human skill. I saw one woman who had been a tenant 35 years, and another 31 years. But the most striking sight is the children, running about, apparently in health, but exhibiting every species and every shape of deformity, of which conception can be formed—little monsters, of which no cover of an old-fashioned picture-book, made to make a child stare and wonder, can give an idea. When I was surrounded by them I could not speak ; the trying to find an answer to the question “ what sort of creatures are these ? ” took away my senses.

One of the best regulated hospitals that I have seen in Italy, is at Parma, the residence of the widow of Bonaparte, now the Duchess of Parma and Placentia. When I was there, it contained something more than three hundred patients, but is capable of containing many more, and there was an order to render it even more extensive. I remarked a great degree of neatness in every department, to the most minute, and a system throughout the whole establishment, truly admirable. Under the same roof, but at so great a distance that there is no connection with it, is the Hospital for the Insane ; to visit this, an order from the governor is necessary, who did not hesitate to give it, on my stating that I was a stranger, and he gave with it a direction to the physician, that he should take me when he made his round of visits. The number of patients is very considerable, but a very large proportion of them in such a state as to allow them to be together. There might have been fifty men and women, confined in cells, with more or less liberty, and more or less light, as the disease was more or less severe. The cells are large enough for a bed, chair and table, and a few feet of room to walk, when it is not necessary to confine the limbs of the patient. I was there at the time breakfast was served—a soup, a piece of boiled beef, wine and bread. In the attendants I saw kindness, and everywhere neatness, and every-



thing done to render comfortable the situation of the patients.—At Bologna, there are two very extensive hospitals, apparently uncommonly well arranged, and a very large asylum for the insane at Florence also—but neatness at Florence did not strike me so forcibly as at Parma. To visit the insane, I found in every case a special permit requisite.—In Florence, the best medicines and essences are prepared at the laboratories attached to different monasteries, famous for centuries; and the shops where the medicine is sold, are really pretty things to look at. I remarked, at Parma, Bologna, and Florence, a regulation, which, I think, can do no good, but is likely to do harm to the sick. In the hospitals, there is one long ward from which wings run; in this large ward, there may be seventy to eighty beds; in one case I counted 130, about three feet apart. At one end of this ward is a large window, or more properly a large door, opening on a garden, or large open space, which gives fine air, and at the other end is a window or door, of equal size, looking on the street. On Sundays the door is open, and the people are allowed to stand at the grating and look at the sick.—At Naples there is an immense establishment for the poor, and under most excellent regulations; I believe it is the largest in Europe. The poor are employed at all sorts of work; there is a garden attached to the establishment. I was charmed at the manner with which some children gave me flowers, on my leaving the garden—and there is a theatre, in which plays are represented by the tenants of the establishment, for their amusement.—At Rome, I visited an establishment that pleased me much—where the poor, who have a taste for the fine arts, such as sculpture, painting, drawing, &c. &c. are received and taught. If they conduct themselves well, at the end of their time they are discharged, and receive, I think, 50 crowns, with which to begin the world. In this humble nest, many a bird of genius has been fledged, and flown to fill a career bright with fame and glory. These are institutions, which, I repeat, do honor to Italy, and which, to use the words of Burke, when he “looked down on London, from the dome of St. Paul’s, seem like so many lightning rods, rising to Heaven, to avert the wrath of God Almighty, indignant at the wickedness of his creatures.”

So far as I am able to judge, I do not think that the Italians have any just claim for very great merit, either in medicine or surgery. I have been in two or three sick chambers when the doctor has been called, and in every case I have heard him, after feeling the pulse, ask the patient whether he was tranquil in his mind; if lately he had been excited by any particular event; whether he had been disappointed, &c. &c. and having asked the patient, he would try to learn something from his friends, as to the appearance of the patient of late, whether he had shown signs of agitation, or of not being at his ease—and I have always remarked, that the first remedy was to send to the surgeon to bleed. The blood is kept for some time; the doctor examines it, and gives further orders. Medicine and surgery are entirely divided. After riding several days on horseback, in the months of June and July, the heat of the sun was too powerful; I thought I had symptoms of the same disease that I had in London, erysipelas. I was somewhat frightened, and had a doctor; he asked me many questions relative to the state of mind, &c.; I told him I was

perfectly tranquil, that I considered I had a fever, owing to exposure to the sun, or, in other words, that I was sun-struck. He ordered me to be bled in the arm, and in the foot, then to have something done on the neck. I told him I never was bled in my life, and did not mean to be if I could help it, and I would not follow his orders. He told me I was a self-willed Englishman, and left me. I am inclined to think that surgery, I mean that part that relates to amputation, or to the doing of it in an expeditious, *tender* manner, is far below the surgery of England, France and the United States. The fees of Italian physicians, especially in Genoa, are very low, three livres, 47 cents, a visit. Medicine is rather dear. There are some families here, who pay 100 fs, \$19, for the services of a doctor when needed, for a year. In most of the towns where there is any chance of English society, an English doctor is to be found. In Rome, for example, there is one, who has made a fortune. He charges London prices. Also in Naples and Florence, but, as more doctors come, the charges must be less. The apothecary shops are little exchanges, always full of physicians and surgeons, who amuse themselves by conversation, a game of chess, or checkers—each one has his nail, on which to attach an order, if he be absent, or in case of need, the apothecary will be sure to find him. Certain shops are frequented by certain doctors, and it is there they are to be found. The doctors dress in black. When they are called to a house, they continue to come till they are paid, so that when a person does not want another visit, he has nothing to do but to calculate each visit he has had, give the amount to the doctor as he leaves the room, and he will not come until he is called. I believe, but I do not know, that the surgeon is considered inferior to the physician; but, from everybody here believing that bleeding is good, though the charge for each may be very small, the number may make his office a lucrative one.

It seems to me, that, in Italy, all the sciences are in decay. With Italy are associated all the studies of our youth, and we expect that, on arriving there, genius, poetry, and literature will attend us, at every step; but it is not so. Where now are its poets? you now and then see a sonnet, in honor of the marriage of some prince, or to celebrate some christening, or the appointment of a person to some office, or written by some poor devil who expects a favor. Where is the author who dares write a fair history of the times that are, or of the times that are past? Let Charles Botta, who dares not visit the land that gave him birth, give you an answer. He lives in Paris, and lives poor—because he has written the truth—and his book, except in Tuscany, is prohibited. There is no national character in Italy, no true liberty; and where this is wanting, where the mind is in slavery, man and all his powers become degraded.

## CASE OF FRACTURE OF THE INFERIOR MAXILLARY BONE.

[Communicated for the Boston Medical and Surgical Journal.]

I copy from my note-book the following case. March 12th, 1832, I was called to H. C., a strong active man, aged about 30 years. I arrived about midnight at the house to which he had been carried after receiving the injury. I found him in apparent stupor, from which it was difficult to rouse him, owing, probably, in part, to an excess of alcoholic stimulation to which he was accustomed. I learned from his attendants that he had attempted, on his way home from the county seat, on a public day, to ride a race, and in passing a large tree, as he himself afterwards informed me, the horse attempted to go on one side whilst he attempted to guide him to the other; his head, jaw and shoulder struck the tree, which precipitated him to the earth; his lower jaw-bone was fractured, and the face and cheek very much contused. He was bled by a dentist who happened to be on the spot, who, like many others, felt convinced that bloodletting was the only and proper remedy for a fall. When I first saw him, several hours after this, his countenance wore a horrid aspect; his face was deadly pale, although bruised and swollen, and his pulse scarcely perceptible. On examination I found his lower jaw-bone completely separated, about the situation of the right *dens cuspidatus*; the fragments had over-lapped each other nearly one inch, and the tooth which had occupied the place of the fracture was slightly adhering to one of the fractured ends of the bone. I readily and easily adjusted the bone to its proper place, and having passed a small silver wire between some of the teeth on each side of the fracture, I tied or united it firmly over the fracture. The only remaining indication was to use further means to prevent motion of the parts, and to allow his taking food at the same time. I cut a piece of thick sole leather, and so adjusted it between the teeth of both sides of the jaw as to leave a small opening for drinks or food of a liquid kind. A bandage was now passed around the crown of the head and jaw, and another around the chin and *sinciput*, so that the jaw was firmly bound in its place, admitting of no considerable motion. A spare, cooling regimen, with salts and magnesia as a purgative, were enjoined, with quiet, &c. For several days his pulse was nearly imperceptible, but gradually recovered its natural fulness and tone. *Quere.*—Was this owing to improper bloodletting, or to a concussion of the encephalon? Nothing remarkable occurred; but progressive amendment soon made it manifest that he was again sound and whole. The tooth which was loosened in the fracture grew fast in its original place, and there was no perceptible deformity left. These remarks may be thought by some as common-place and of no interest;—they are facts, and may possibly be of use to junior members of the profession, as I once heard of a similar case, not far from me, which was managed with extreme difficulty, in keeping the ends of the bone in co-adaptation.

W. A. GILLESPIE.

Louisa County, Va. Jun. 1836.

## BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 3, 1836.

## RESEARCHES ON THE EFFECTS OF BLOODLETTING.\*

To this well-executed translation of the Memoir of M. Louis, Dr. James Jackson has added a Preface, giving some account of the author and the course of his labors, and an Appendix, nearly as large as the main work, containing an analysis of thirty-four cases of pneumonia treated at the Mass. General Hospital. Tables are given, by means of which the effects of treatment in these cases may be compared with the results of M. Louis's observation.

In November, 1828, M. Louis published in the *Archives G n rale de M decine* a Memoir on the effects of bloodletting, principally with a view of exciting the attention of other physicians to the subject, which he was far from considering as settled by his own investigations. The book before us consists of a re-publication of that Memoir, with additional cases, tables, and remarks. In the first series there  re given 75 cases of pneumonia, 28 of which proved fatal. In all these cases, with four exceptions, bleeding was practised more than once, and in some cases three or four times; the amount of blood drawn at each venesection, however, was from 10 to 15 ounces only. This, though in accordance with French usage, until a very late date, is so unlike our practice, that no inference as to the efficacy of the latter can be drawn from its results.

"Of the fifty successful cases, three were bled on the first day of the disease, three on the second, six on the third, eleven on the fourth, six on the fifth, five on the sixth, six on the seventh, as many on the eighth, four on the ninth; and the mean duration of the disease was, in the order pointed out, 12, 10, 20, 20, 22, 21, 19, 17 and 23 days."

"That is to say, if it were possible to establish a general proposition from so small a number of facts, it must be concluded that the antiphlogistic treatment, commenced the two first days of a pneumonitis, may very much abridge its duration; whilst after these two days it would make but little difference whether it was commenced a little sooner or a little later."

But M. Louis thinks—and he refers to his tables for proof—that had the number of cases bled on the two first days been greater, their average duration would also have been greater, and that we should more correctly estimate the utility of bloodletting, by taking, on the one hand, the cases bled within the four first days, and comparing them with those bled subsequently. The justice of this position of the author appears somewhat questionable; but we wish simply to state results, as he states them, and in this way he gives us, for the mean duration of pneumonia, 17 days in the first set of cases, and 20 in the second. In no instance was the disease *cut short* by bloodletting, as some have supposed was possible. The only treatment beside bloodletting, in the foregoing cases, was vesication. To this remedy, the author attributes but slight efficacy. His reasons are stated in connection with the second series of cases.

\* *Researches on the Effects of Bloodletting in some Inflammatory Diseases, and on the Influence of Tartarized Antimony and Vesication in Pneumonitis.* By P. CH. A. LOUIS, Physician of the H pital la Piti , &c. &c. Translated by C. G. PUTNAM, M.D.; with Preface and Appendix by JAMES JACKSON, M.D. Physician of the Mass. General Hospital. Boston—Hilliard, Gray & Co.

Out of the 28 fatal cases, 18 were bled within the four first days of the disease, and 10 later. We have, then, 41 patients, in all, bled within the four first days, three sevenths of whom died; and 36 bled at a later period, of whom 9, or one fourth only, died. An "appalling result," to be sure, which M. Louis thinks in part explicable by the greater age of those bled during the first period. It proves, we think, that the whole number of cases tabulated is too small for any of the results to be regarded as laws.

The effects of bloodletting on the particular symptoms of pneumonia, viz. the *pain*, the *adhesive, rusty, semi-transparent sputa*, the *crepitation*, *bronchial respiration*, and *dulness on percussion* over the affected part, the *acceleration of the pulse*, *heat* and *sweating*, were carefully noted by M. Louis. The results are not more satisfactory than those which regard the duration of the disease. In no instance were these at once removed by venesection.

"Thus, the study of the general and local symptoms, the mortality and variations in the mean duration of the pneumonitis, according to the period at which bloodletting was instituted; all establish narrow limits to the utility of this mode of treatment. Should we obtain more important results, if, as is practised in England, the first bleeding were carried to syncope?"

In the second series of cases observed at la Pitié, the author says he employed bloodletting to the extent of 20 or 25 ounces or more, or even to syncope, with being decidedly more successful. His table, however, if we rightly understand it, does not show that bleeding to this extent was practised on either of the two first days, unless in one instance, though it may have been barely done on the third and fourth days. As it respects mortality, the difference between the two series is remarkable. Out of 29 cases of pneumonia, 4 only were fatal. Dividing the 25 successful cases into two classes, as they were bled before the fifth day and afterward, we have for the mean duration of the disease, in the first set, 15 days and a half, and in the second 18 days and a quarter, showing a more marked influence from bloodletting than was observed in the former cases.

To explain the remarkable difference in the mortality between the two series of cases, the ratio being 1 to 2, 79 in the first, and 1 to 7, 25 in the second, we learn that in the latter, vesication was wholly omitted, and that beside losing a larger quantity of blood, 17 of the patients who recovered took antimony in large doses, that is to say, from 4 to 12 grains a day during four to seven days. The details given by M. Louis leave no room for doubt as to the favorable influence of the antimony, and it will probably be readily admitted that neither the antimony nor vesication was employed except in severe cases. The mean duration of the 17 cases in which the former was given was 15 days, that of the 25 cases at la Charité in which blisters were used, was 22 days. From this difference, the age being in favor of the patients vesicated, our author infers that vesication is of little or no value. He says—

"I have not only rejected vesication from the treatment of pneumonitis, I have also ceased to employ it in pleurisy and pericarditis. I have treated, within five years, about one hundred and forty cases of pleurisy at la Pitié (I include here only those who were in perfect health at the time they were attacked), without having had recourse to vesication in a single instance; and they all recovered. I have had the same success in more than thirty cases of pericarditis occurring in individuals healthy up to the period of attack. It must be admitted that these facts render the utility of vesication in acute diseases of the chest still more problematical.

"I was induced to reject vesication from the treatment of acute thoracic inflammations, because, as I have before said, an attentive study and rigorous analysis of facts forced me to acknowledge that acute inflammatory affections, far from preserving from inflammation, organs which are not the primitive seat of disease, are in truth an exciting cause of inflammation; insomuch that the more severe the primitive inflammatory affection, and the more considerable the accompanying fever, the more are the secondary inflammations to be dreaded. And how, then, can we believe that the effect of a blister is to check an inflammation, when this blister is one inflammation superadded to another?"

M. Louis may be correct in his estimation of the utility of vesication, but it is purely a question of fact, and although he acknowledges the reasoning in the paragraph last quoted to be not strictly rigorous, yet he does evidently allow more weight to it than it seems to us to deserve. Does he not, in fact, beg the very question at issue?

The final results of the investigations we have been reviewing, are—1st. That bloodletting shortens the duration of pneumonia, though less than has usually been supposed. 2d. That pneumonia is never arrested at once by bloodletting in its early stages. "If an opposite opinion is maintained, it is because this disease has been confounded with another; or because, in some rare cases, the general symptoms rapidly diminish after the first bloodletting. But then the local symptoms, crepitation, &c. for the most part, continue to be developed not the less for this evacuation." 3d. That in severe cases, antimony, in large doses, has a favorable influence on the disease. 4th. That in acute thoracic disease, vesication may be dispensed with.

The author gives, in separate articles, the results of his observation in 33 cases of erysipelas of the face, 21 of which were bled and lasted 7 1-4 days on the average, 8 being the mean duration of the 12 not bled; also of 11 other cases of the same disease observed at la Pitié, 6 of which had no evacuation, sanguineous or other, and lasted 8 1-4 days, while in those who were bled the mean was 10 1-2. The disease in those not bled was very mild, less so in the others.

Of 35 cases of angina tonsillaris, 23 only were of any violence. 13 of these were bled, and their average length was 9 days; that of the others, 10 1-4 days.

Whatever may be the results of future investigations, as to the influence of large and early bleedings in pneumonia, we believe M. Louis's conclusions against its efficiency in erysipelas and angina will not be found far from the truth.

Next week we shall endeavor to present remarks on that part of the book written by our distinguished townsman, Dr. James Jackson.

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#### ANIMAL MAGNETISM.

ON Friday evening last, we attended, by invitation, a lecture on this unfathomable science, by M. Poyen, a physician of the medical faculty of Paris. It was his object, particularly, on that occasion, to detail the circumstances to be attended to on the part of the operator as well as patient. Though M. Poyen has been in this country but a comparatively short time, he articulates the English language agreeably, and gave abundant evidence of a familiar acquaintance with the history and effects of animal magnetism. Some of the cases recited were of a most extra-

ordinary character, particularly such as related to the transmutation of fluids. That he is a scholar, and a well-educated physician, seems to be substantiated by gentlemen of the first respectability. As we may hereafter publish in the *Journal* the most interesting part of the lecture here alluded to, it is unnecessary to anticipate the spirit of it in these remarks. After the audience had retired, with the exception of two or three physicians, and some other gentlemen who happened to be in conversation with each other, it was announced that Mr. Nichols, editor of the *Standard*, then present, possessed the magnetic power. After some persuasion, a young man seated himself for the experiment. Though the process had scarcely commenced, he raised himself, and made objections against its completion, on account of a drowsiness coming on. He afterwards resumed the seat, however, and finally, to all intents and purposes, had the appearance of being in a quiet slumber! On questioning him, he said that though exceedingly drowsy, he was not wholly unconscious of external impressions.

With reference to testing the truth of an observation, that a person might be raised, in a recumbent posture, from the floor on the tip of the fore fingers of four men, if they first inflated the lungs and then expired the air all at the same moment, Mr. Nichols took the prescribed position, and to the astonishment of all present, he was lifted with the utmost ease, several times, breast high. There could be no mistake or necromancy in the business. We assisted twice—and certainly recognized nothing like the sensation produced by a heavy weight. Drs. C. T. Jackson and J. D. Fisher, equally curious and critical in their observation on the phenomena of animal magnetism, also assisted, and freely confessed that they were not sensible of sustaining any considerable burden. Mr. Nichols weighs one hundred and sixty pounds. Verily this is an age of wonders! Though we by no means intend to allow the organ of marvellousness to get the ascendancy, yet we really begin to expect a revivification of Bishop Berkley's notion, that terrestrial existence is only ideal.

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#### MEDICINAL LEECHES.

THE following notice has been sent to us for publication. The generosity manifested by the Mass. Med. Society in offering so large a premium, will doubtless induce gentlemen, not perhaps intimately connected with the profession, to commence experiments with a view to determine the point, whether leeches, of the true species, can be propagated here or not. From a recent conversation with Mr. Stone, a druggist of Roxbury, whose minute knowledge of pharmaceutical chemistry is already appreciated by the community, we are inclined to the opinion that he possesses an uncommonly accurate acquaintance with the natural history of the leech, which will enable him to pursue a series of investigation, with reference to this subject—so full of interest to physicians and the community.

“At the last meeting of the Counsellors of the Massachusetts Medical Society, a Committee was appointed to receive applications from any persons who may claim the premium of five hundred dollars offered by the Society, for the best sample of not less than one thousand leeches from a foreign stock, bred in this Commonwealth, and award the same at the expiration of seven years, if occasion should be. The following gentlemen were appointed the Committee:—

Drs. Nathaniel Miller, of Franklin. W. Channing and Benj. Shurtleff, of Boston. W. J. Walker, of Charlestown. A. L. Peirson, of Salem. E. Buck, of Malden. G. Willard, of Uxbridge. E. Mather, of Northampton. A. F. Stone, of Greenfield. D. Bemis, of Springfield. A. G. Welsh, of Lee. H. Orr, of Bridgewater. E. Alden, of Randolph. W. C. Whitbridge, of New Bedford, and J. Sampson, of Brewster.

It was voted, that the Recording Secretary renew the offer of a premium for the proliferation of leeches, by publishing it together with the names of the Committee who are authorized to receive applications for the same.

JOHN HOMANS, *Recording Secretary Mass. Med. Society.*

TO CORRESPONDENTS AND SUBSCRIBERS.—A paper on Abscess of the Spleen, from Batavia—Quackery, from a travelling physician—Report of the Trustees of the Med. College of Ohio—besides other favors, for our next number, are acknowledged.—[?] We feel compelled to decline the publication of an article dated Jan. 28th, from —, not from any unfriendly feelings towards the writer, but because we are fully persuaded that it is a work of supererogation on his part.—The Title-page and Index of Vol. XIII. will be sent in a future number.

DIED.—At New York, George Griswold, M.D. aged 31; Dr. Xavier Saubert, formerly known as the Fire King—killed by the explosion of a chemical mixture.

Whole number of deaths in Boston for the week ending Jan. 29, 35. Males, 16—Females, 19.

Of inflammation of the bowels, 2—measles, 2—child-bed, 1—teething, 3—brain fever, 1—pleurisy, 1—hooping cough, 1—consumption, 5—croup, 1—infantile, 1—liver complaint, 1—insane, 1—bowel complaint, 1—scrofula, 1—stoppage in the bowels, 1—burn, 1—inflammation of the lungs, 1—accidental, 1—old age, 1—disease of glands, 1—intemperance, 1—disease of spine, 1—lung fever, 2.

### ADVERTISEMENTS.

#### SCHOOL OF MEDICINE, AT WOODSTOCK, VERMONT,

CONNECTED WITH MIDDLEBURY COLLEGE.

(Incorporated by the Legislature of Vermont, October, 1835, with the power of conferring Degrees.)

THE Annual Course of Lectures, at this Institution, will commence on the second Thursday (10th day) of March next, and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by H. H. CHILDS, M.D.

Physiology and Surgery, by WILLARD PARKER, M.D.

Chemistry and Materia Medica, by DAVID PALMER, M.D.

Anatomy, by ROBERT WATTS, JR., M.D.

Medical Jurisprudence, by NORMAN WILLIAMS, A.M.

Demonstrations in Anatomy, by OTIS PERHAM.

The usual number of Lectures will be *five*, daily,—besides the Demonstrations in Anatomy and occasional evening examinations. Considerable additions are now making to the Chemical Apparatus; and opportunities will be furnished to students for practical Anatomy, arrangements for that purpose having been made last year in the city of New York. *No subject for dissection will be received from any person, or on any terms.*

FEES for the course—\$45. Graduation—\$18. For those who have attended two courses, but do not graduate—\$10. All the above expenses to be paid in advance, or secured by note, with a satisfactory endorser, to DAVID PIERCE, Esq. Treasurer of the Institution. Board is usually furnished at from \$1.50 to \$2.00 per week, including room, wood, lights, and washing.

Students are requested to come provided with two or more standard works on each of the above designated branches of study. The term will commence with Lectures on Anatomy, Chemistry, Physiology, Surgery and Materia Medica. Degrees will be conferred at the close of the Lecture Term.

Examinations will be conducted by the Medical Faculty, in presence of a delegation from the College, and a Committee appointed by the Justices of the Supreme Court, pursuant to the provisions of the act of incorporation. Requisites to an examination are, that the student produce satisfactory testimonials of moral character, and of his having studied three years with a regular practitioner; that he shall have attended two courses of public Lectures, one of which must have been at this institution; and that he shall have attained the age of 21 years.

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By order of the Board of Trustees,  
E. HUTCHINSON, *Secretary.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. J. V. C. SMITH, M.D. Editor. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy, *gratis*.—Postage the same as for a newspaper.











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